

# ARGYLE YOUTH SPORTS ASSOCIATION

## BASKETBALL REGISTRATION

www.ArgyleSports.com

Athlete's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ School Attending \_\_\_\_\_

Grade \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

Jersey Size Chest X Jersey Size Chest X Short Size 7" inseam Short Size 9" inseam

YS/M 30"-32" \_\_\_\_ AM 38"-40" \_\_\_\_ YS 20-22 \_\_\_\_ AS 28-30 \_\_\_\_

YL/XL 34"-36" \_\_\_\_ AL 42"-44" \_\_\_\_ YM 24-26 \_\_\_\_ AM 32-34 \_\_\_\_

AS 34"-36" \_\_\_\_ AXL 46"-48" \_\_\_\_ YL 28-30 \_\_\_\_ AL 36-38 \_\_\_\_

**Registration Fee:                  Registration Due:                  Coach Look:                  Practice Starts:**

Grade K-3 \$100	October 15, 2009	N/A	K-1 December 1, 2009
Grades 4-6 \$100	October 15, 2009	October 25, 2009**	2-6 November 1, 2009

\*\*We will hold a "Coaches Look" day on Sunday October 25, 2009 in the Argyle Intermediate (Eagles Nest) Gym. This is NOT a tryout!! Since we re-draft teams each year, this "Coaches Look" should allow us to set up more evenly skilled teams. Please check below for when you are expected for your grade "Coach Look." Coaches' draft will occur immediately after "Coaches Look," and practice time selection will occur the same day as the "Coach Look" around 6:00pm.

**4th Grade Boys & Girls -5PM                  5th Grade Boys & Girls - 3:30PM                  6th Grade Boys & Girls - 2:00PM**

**\*2-6<sup>th</sup> grade games will start December 5, 2009 and there will be a tournament some time mid February.**  
**\*4th Annual Camp will be on Sat. November 14, 2009 for K-6. (Registration form will be sent at a later date)**

I understand this form must be completed and returned to Argyle Youth Sports Association (PO Box 8, Argyle, TX 76226) on or before October 15, 2009 along with full payment. I agree not to hold Argyle Youth Sports Association, its coaches, commissioners, and/or its officers responsible for any injury to my child. Furthermore, I grant permission for a representative of the Argyle Youth Sports Association to seek medical treatment in the case of an emergency to my child.

\_\_\_\_\_  
 Signature    Relationship    Date

Would you like to be involved with a team? (Check) Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Team Helper \_\_\_\_\_

Are you interested in sponsoring AYSA Basketball? yes \_\_\_\_\_

Commissioner: Barry Haynes [barry-haynes@sbcglobal.net](mailto:barry-haynes@sbcglobal.net) please use email for an expedited response, however if it is necessary, call 214-244-1096

This form is also available online at the [www.argylesports.com](http://www.argylesports.com) website

Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_  
**\$100(\$90 league fee + \$10 AISD Usage Fee)**