

CHECK \_\_\_\_\_ CASH \_\_\_\_\_ AMT \_\_\_\_\_

2017 – 2018 ABA APPLICATION

FEE & MAILING INFORMATION ON BACK OF THE APPLICATION

NAME: \_\_\_\_\_ SCHOOL \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

AGE: (as of 8-1-17) (this will be your league) HEIGHT \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

BOY \_\_\_\_ GIRL \_\_\_\_ DATE OF BIRTH: (month) \_\_\_\_ (date) \_\_\_\_ (year) \_\_\_\_ GRADE \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

**PLEASE READ AND SIGN:** A recent physical is recommended to verify that your child is physically fit to participate in ABA Basketball games and practice. There is no league physician and we do not carry health insurance, so it is the parent/guardians responsibility to carry insurance in case of accident or injury. My child is covered by \_\_\_\_\_ insurance company. Policy number \_\_\_\_\_. I, the undersigned, verify that my child is physically fit to participate in Henderson ABA Basketball League. We agree not to hold Henderson ABA Basketball or anyone associated with it responsible in case of accident or injury.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: To keep our teams balanced NO REQUESTS will be granted

COACH: I WOULD LIKE TO COACH...NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PLEASE CALL LEAGUE DIRECTOR, ALL COACHES WILL HAVE BACKGROUND CK

SPONSORS: With the rising costs of operating a program, registration alone does not cover the expenses. If you own or work for a business that would be willing to help by sponsoring a team, please call Sonia Knight at 812-431-0987 or email [sophinahp@gmail.com](mailto:sophinahp@gmail.com) and I will forward a form. The sponsor will have their name on the back of the team jerseys and appear in the paper with the teams weekly scores. Sponsorship per team is \$200.00

ABA chooses all-stars at the end of the regular season. All-star members are chosen based on sportsmanship, ability and the attitude of the players and parents. If chosen, my child will play all-stars....YES \_\_\_\_ NO \_\_\_\_

MAIL APPLICATION & FEE TO: HENDERSON ABA, P.O. BOX 464 HENDERSON, KY 42420

WEBSITE: [www.hendersonaba.com](http://www.hendersonaba.com)

2017 -2018 HENDERSON ABA

APPLICATION DUE: NOVEMBER 4, 2017

MAIL APPLICATION WITH FEE TO:

HENDERSON ABA, P.O. BOX 464, HENDERSON KY 42420

(checks payable to Henderson ABA)

DO NOT TAKE APPLICATIONS TO SCHOOL

MAIL EARLY AND SAVE

APPLICATIONS RECEIVED BY 11-4

\$50.00 1 CHILD FROM A FAMILY

\$90.00 2 CHILDREN FROM SAME FAMILY

\$130.00 3 CHILDREN FROM SAME FAMILY

***AMOUNT DUE AFTER NOVEMBER 4<sup>TH</sup> – BRING TO TRYOUTS***

***\$55.00 1 CHILD FROM A FAMILY***

***\$100.00 2 CHILDREN FROM THE SAME FAMILY***

***\$145.00 3 CHILDREN FROM THE SAME FAMILY***

**FINANCIAL AID – LAST DAY TO RECEIVE 10-31-17**

**MAIL COPY OF LAST YEARS TAX RETURN AND \$15.00 PER CHILD**

**IF YOU DO NOT FILE TAX RETURN YOU MUST SEND PROOF OF INCOME**

**IF YOU DO NOT QUALIFY YOU WILL BE CONTACTED**

**FINANCIAL AID CANNOT BE BROUGHT TO TRYOUTS**

**Questions: [abahenderson@gmail.com](mailto:abahenderson@gmail.com)**