

Crookston Youth Basketball Tournament Parent Permission Form

Note: Parents must read the following and sign next to child's name before player can participate in the tournament.

I give my permission for my son/daughter to play in the Crookston Youth Basketball Association's tournament. I understand the tournament has no responsibility, assumes none and does not carry any accident insurance for the benefit of the players. I assume full responsibility for my son/daughter's medical expenses and well-being and waive any and all claims against the tournament managers, officials, and CYBA should any injury occur whether on premises of or any premises in which the tournament takes place.

Team Name _____
Please circle: Girls Boys 4th 5th 6th 7th 8th 9th

Coach's Name(s): _____
Phone Number: (H) _____ (W) _____
E-Mail Address: _____

	Player's Name	Parent's Signature & Phone Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

This form must be in the hands of CYBA officials before the start of your first game.
Return by mail to: CYBA Tournament, Box 91, Crookston, MN 56716
You may photocopy this form as needed.