

Woolridge Athletic Association

2017-2018 REGISTRATION

- Boys Basketball (9-18)
 Girls Basketball (9-18)
 Instructional (7-8)

Yes No

** Played Last Year- must provide copy of birth certificate if No!!

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First Name

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Last Name

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Street Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

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State

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ZIP Code

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Phone Number

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Date of Birth (MM-DD-YY)

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Age on 12/31/17

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Sex

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Primary Family E-mail Address- please print clearly.

CONSENT: I/we, the parent(s)/guardian(s) of the above named participant, hereby give my/our approval to their participation in the basketball program of the *Woolridge Athletic Association* and agree to comply with the Articles, By-Laws and Rules of the Association and all organizations with which it becomes affiliated. I/we assume all risks and hazards incidental to such participation, including transportation to and from activities, and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the *Woolridge Athletic Association*, the *Chesterfield Basketball League*, the *Chesterfield Girl's Basketball League*, the organizers, sponsors, supervisors, participants and persons transporting my/our youth to and from activities for any claim arising out of injury to my/our youth, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/we will also furnish a copy of a Certified Birth Certificate for the above named participant on or before the day of the first practice session.

Parent/Guardian Signature _____

Date _____

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Father/Guardian Name and Last Name

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Mother/Guardian Name and Last Name

UNIFORM SIZE:

Jersey: Youth S M L XL Adult S M L XL XXL

Shorts: Youth S M L XL Adult S M L XL XXL

VOLUNTEERS ARE NEEDED: Please provide coaches number!

- Coach _____
 Asst. Coach _____
 Team Parent
 Score Keeper

Name _____

Phone _____

FOR WAA USE

FEE COLLECTED: _____

CHECK NO: _____

- Fee Birth Cert. included
 Signature **Birth Cert. not necessary
 Birth Cert. to be emailed