

# WOOLRIDGE ATHLETIC ASSOCIATION

## 2019-2020 REGISTRATION

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

Played last year?

- Yes     No

If "no", provide birth certificate

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
VA

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(       )  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date of Birth (MM-DD-YYYY)

\_\_\_\_\_  
Age on 12/31

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Primary Family Email Address

**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

\_\_\_\_\_  
Father / Guardian First and Last Name

\_\_\_\_\_  
Mother / Guardian First 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 check the following if interested:

- Coach \_\_\_\_\_  
Name
- Asst Coach \_\_\_\_\_  
Name
- Book keeper \_\_\_\_\_  
Name

### FOR WAA USE

FEE COLLECTED: \_\_\_\_\_

CHECK NO. \_\_\_\_\_

- Fee
- Signature
- Birth Cert included
- Birth Cert not needed
- Birth Cert to be provided