



Basketball Coordinators:

Grades K-3: Della Hager, drhager2@aol.com, 301-293-2054
Grades 4-8: Bobby Riggs, mryankees2001@yahoo.com, 301-293-3218

WMAA 2009 BASKETBALL REGISTRATION

Registration Deadline is November 8, 2009
Late Registrations Are Subject to Team Availability

Parent or Legal Guardian must complete pages 1 and 2 of this form.

1. Player/Parent Information: (Only one player per registration form)

Player's Name: _____
 Address (Street or PO Box): _____
 City: _____ State: _____ Zip: _____
 Player's Date of Birth: _____ Player's Gender: Male Female
 School: _____ Grade (As of Fall 2009): _____
 Home Phone: _____ Alt Phone: _____
 Mother's Name: _____ Father's Name: _____
 Email Address: _____

2. Team Selection & Fees: (Payment MUST be included with submitted registration form.)

Team Choices <small>Players <i>must</i> play on grade level</small>	Information <small>Practice, Games, etc.</small>	Itemized Fee <small>Per Player</small>	Fee Remitted <small>Attach check payable to WMAA</small>
Intramural Coed Team: Kindergarten – 3rd	Practices 1x/week at MYES Games on Sat. at MYES	\$50.00	
Intramural Girl or Boy Team: Grades 4-5	Practices 1x/week at WES Games Sat or Sun at WES/MMS	\$50.00	
*Travel Girls Team: Grades 4-5	Practices 1x/week at WES Games Sat at WES	\$50.00	
Travel Girls Team: Grades 6-8	Practices at WES Games at Middletown	\$80.00	
Travel Boys Team: Grades 6-7	Practices at WES Games at Middletown	\$80.00	
**Annual Family Membership (valid 7/1/2009-6/30/2010)	<input type="checkbox"/> Previously Paid <input type="checkbox"/> Paid w/this form	\$50.00 (1 Per Family, Per Year)	
Late Fee for Travel Players only in addition to Player Fee	To be Paid if Registration is received after 11/8/09	\$25.00	
		TOTAL Check Number:	

*Players must try-out for the 4/5 Girls Travel Team. Register for this team if you plan to try out. If you do not make the team, your registration will be transferred to the 4/5 Girls Intramural Team unless you notify us otherwise.

**Annual Family Membership/Fund Raising Fee – In an effort to alleviate the pressure of pizza/cookie sales, WMAA charges an annual \$50 Family/Fundraising Fee. The fee is paid once per family per year and is required for all players participating on WMAA teams.

3. Volunteer Info: (Please check below if you can help)

Name: _____
 I am willing to: Coach _____ Assistant Coach _____

Mail to: WMAA Basketball, P.O. Box 195, Myersville, MD 21773

WMAA Fall 2009 Basketball Registration

4. Waiver of Liability/Medical Release:

Player's Name: _____

As parent/legal guardian of the named child, I hereby give my full consent and approval for my child to participate as team member in the sport designated above. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I also understand that this sport may be played in adverse weather conditions and on fields that may contain objects which could cause injury. I hereby certify that my child is fully capable of participating in the designated sport. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Wolfsville Myersville Athletic Association (WMAA), its officers, coaches, sponsors, supervisors, officials, successors, assigns and representatives for any injury or losses that may be suffered by my child in the normal course of participation in the designated sport, traveling to and from, and the activities incidental thereto, whether the result of negligence or any other cause.

I grant permission for any and all medical attention necessary to be administered to the named participant in the event of an accident, injury or sickness, until such time as I may be contacted. I also assume responsibility for payment of any such treatment.

I hereby certify that I have read and fully understand all of the statements above and I understand that I have given up substantial rights by signing below:

Printed Name of Parent or Legal Guardian
(Signature required for application acceptance)

Signature of Parent or Legal Guardian

Allergies, health concerns, or medications that we should know about:

Player's Physician: _____

Physician's Address: _____

Physician's Phone Number: _____

Insurance Company Name: _____

Policy Number/Group Number: _____

Comments:

I give permission for my child's photo to be placed on the WMAA website.
