



YOUTH BASKETBALL



Registration:

Opens Tuesday, Oct. 11th (City)

Opens Tuesday, Oct. 18th (Non-City)

*Those in 22401 are considered City Residents;
all others are considered Non-City Residents.*

Locations:

All practices and games will be held at Walker-Grant Middle School
(1 Learning Lane Fredericksburg, VA 22401). Practices will begin
Wednesday, January 4th, 2017.

Parent and Coaches Information:

Meetings held at Dorothy Hart Community Center:
Parents Meeting is Tuesday, Dec. 13th at 6:00 p.m.
Coaches' Meeting is Monday, Dec. 19th at 6:00 p.m.

Fees:

City Residents- \$30 (Zip code must be 22401)
Non-City Residents- \$60

Registration ends Tues., Nov. 22nd
\$10 Late-Fee after Tues., Nov. 22nd

For more information, please call Justin Bullock at (540) 372-1086, ext. 214



**Youth Basketball Registration Form
Winter 2017**

Please write legibly

Novice (7-8 yrs) <input type="checkbox"/>	Rookie (9-10 yrs) <input type="checkbox"/>	Junior (11-13yrs) <input type="checkbox"/>	Senior (14-17 yrs) <input type="checkbox"/>	Age: _____ (as of 3/1/2017)
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_____ Child's First and Last Name	Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female				
_____ Home Address					
_____ City and Zip	Practice Preference <input type="checkbox"/> M/W <input type="checkbox"/> T/Th <input type="checkbox"/> No Pref No Time Requests				
<table style="width:100%; border: none;"> <tr> <td style="border: none;"> _ _ - _ _ - _ _ _ </td> <td style="border: none;"> _ _ / _ _ / _ _ _ </td> </tr> <tr> <td style="border: none;">Home Phone or Cell Phone</td> <td style="border: none;">Child's Date of Birth</td> </tr> </table>		_ _ - _ _ - _ _ _	_ _ / _ _ / _ _ _	Home Phone or Cell Phone	Child's Date of Birth
_ _ - _ _ - _ _ _		_ _ / _ _ / _ _ _			
Home Phone or Cell Phone		Child's Date of Birth			
_____ Parent/Guardian Name					
<table style="width:100%; border: none;"> <tr> <td style="border: none;"> _ _ _ - _ _ _ - _ _ _ _ </td> </tr> <tr> <td style="border: none;">Parent/Guardian Work Phone or Cell Phone</td> </tr> </table>	_ _ _ - _ _ _ - _ _ _ _	Parent/Guardian Work Phone or Cell Phone			
_ _ _ - _ _ _ - _ _ _ _					
Parent/Guardian Work Phone or Cell Phone					
_____ Parent/Guardian E-Mail **Used for updates and notifications**	T-shirt Size <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL				
_____ Emergency Contact Name (Person other than parent/guardian who can be immediately contacted)					
<table style="width:100%; border: none;"> <tr> <td style="border: none;"> _ _ _ - _ _ _ - _ _ _ _ </td> </tr> <tr> <td style="border: none;">Emergency Contact Number</td> </tr> </table>		_ _ _ - _ _ _ - _ _ _ _	Emergency Contact Number		
_ _ _ - _ _ _ - _ _ _ _					
Emergency Contact Number					

Department policy states that special requests for team placement cannot be honored. This includes requests for carpooling, assignment with friends, or particular coaches, specific practice times, etc.

Do you have any brothers/sisters playing? If so, what division are they in?

ATTENTION: Does your child have any physical disabilities, allergies, medications or facts that we should be aware of? If yes, please list below:

By signing this form, I agree to the terms of the City's liability waiver, which can be found at <http://fredericksburgva.gov/index.aspx?nid=1107> or in hard-copy from the Parks and Recreation Department.

 Parent/Guardian Signature & Date

For Office Use Only	Date: _____	Amount Received: _____
D.O.B.: _____ Verified by: <input type="checkbox"/> New <input type="checkbox"/> BC List Staff Initials: _____		
Age Waiver: _____ Fee Waiver: _____		