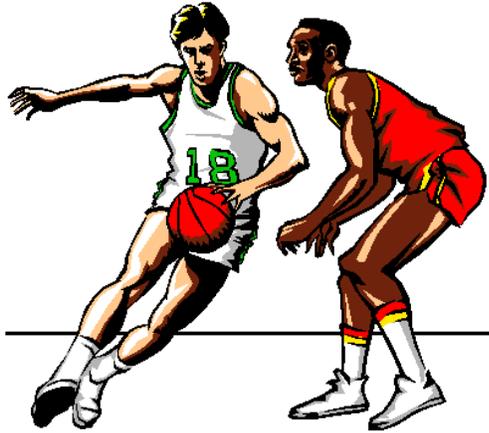




SENIOR TRAVEL BASKETBALL



Registration:

Opens Tuesday, October 11th (City)

Opens Tuesday, October 18th (Non-City)

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

Locations:

All practices will be held at Walker-Grant Middle School (1 Learning Lane Fredericksburg, VA 22401). This is a travel intense program as league games will be played in Fredericksburg, Caroline, and King George.

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:

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



**Sr. Travel Basketball Registration Form
Winter 2017**

Please write legibly

Senior (14-17 yrs)		Age: _____ (as of 3/1/2017)
Child's First and Last Name _____ Home Address _____ City and Zip _____ Home Phone or Cell Phone _____	Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent/Guardian Name _____ Parent/Guardian Work Phone or Cell Phone _____ Parent/Guardian E-Mail **Used for updates and notifications** _____ Emergency Contact Name (Person other than parent/guardian who can be immediately contacted) _____ Emergency Contact Number _____	Practice Preference <input type="checkbox"/> M/W <input type="checkbox"/> T/Th <input type="checkbox"/> No Pref No Time Requests	
Child's Date of Birth _____	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	
<p style="text-align: center;">*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.*</p> <p>Do you have any brothers/sisters playing? If so, what division are they in?</p> <p>_____</p> <p>ATTENTION: Does your child have any physical disabilities, allergies, medications or facts that we should be aware of? If yes, please list below:</p> <p>_____</p> <p>*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.*</p> <p>_____</p> <p>Parent/Guardian Signature & Date</p>		
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: _____