



**WARRINGTON – WARWICK GIRLS BASKETBALL  
SUMMER REGISTRATION FORM 2009**

LAST NAME : \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

BIRTH AGE (11/30/08) \_\_\_\_ ADDRESS \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

POST OFFICE : \_\_\_\_\_ ZIP \_\_\_\_\_ SCHOOL: \_\_\_\_\_ 08-09 GRADE: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOTHERS NAME: \_\_\_\_\_ DAD: \_\_\_\_\_

LEAGUE AGE : \_\_\_\_\_ EXP \_\_\_\_\_ Height \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

AAU Experience \_\_\_\_\_ AAU Level ( A, B C ) \_\_\_\_\_ AAU Organization \_\_\_\_\_

Girls Travel Experience \_\_\_\_\_ Travel Organization ( if Not WWGB ) \_\_\_\_\_

Warrington Warwick Girls Basketball (a division of WWAA) will make every effort to place each child on a team roster. However the number of players and teams which can be accommodated is entirely dependent upon the number of parents willing to help administer the programs, maintain and operate the playing facilities. **Registration fees will not be refunded after selection of teams.**

Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Score/Timer \_\_\_\_\_

The Warrington Warwick Girls Basketball program reserves the right to drop the registrant from the program and refund the registration fee, if in, the opinion of the Activity director, participation in the sport may constitute an undue risk to the registrant.

Medical Considerations: None : \_\_\_\_\_ Yes : \_\_\_\_\_  
(please identify )

I as parent or guardian of the above named child, who is a candidate for a team of the Warrington Warwick Girls Basketball program (WWGBA) , hereby give my approval for their participation in any and all of the activities of the WWGBA program during that current season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do hereby release, absolve and hold harmless the Warrington - Warwick Athletic Assoc., WWGBA Program and the organizers, sponsors and supervisors of any or all of the organizations and programs. In case of injury to the registered child, I hereby waive all claims against the organizers, sponsors, or any of the supervisors appointed by them. I likewise waive to the extent not covered by liability or accident insurance, any claim against any person transporting the registered child to and / or from the activities. I assume responsibility for all medical payments.

I do have medical insurance \_\_\_\_\_ Insurance Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

I do NOT have medical insurance \_\_\_\_\_ I have read, understood and agree to the above waiver. Initial here: \_\_\_\_\_

**In my absence, I hereby give permission to WWGBA for my child to be transported to a medical facility in the event of an emergency.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date \_\_\_\_\_  
Parent / Guardian Signature

Payments: Register By (WWGB Rep) : \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Late Fee: \_\_\_\_\_

Total Due: \_\_\_\_\_

**Parents are to monitor their children at all times. Failure to do so may lead to suspension/ dismissal from the program.**