



**WAA ILLINOIS WIZARDS AAU
TRAVEL BASKETBALL**



**SPRING - SUMMER
2008 REGISTRATION FORM**

PLAYER INFORMATION

Code 1151

Name _____ Gender _____

Address _____ City _____ Zip _____

E-Mail (*important*) _____ Subdivision _____

School _____ (Current) Grade _____ Birthdate ____/____/____

Phone _____ Cell _____ Work _____

Parent Name(s) _____

Parent Cell Phone Number _____

PLAYER CONTRACT

As a Wizard basketball player... Date _____

- I will be responsible for what I do on and off the court.
- I will support and be loyal to my team and the Wizards basketball club.
- I will work hard during practices to improve my skills and the team overall.
- I understand what it means to win and lose like a champion.
- I understand that I will do my best to be at all practices and games on time.
- I agree to respect my coaches, teammates, opponents and officials.
- I understand that I can be taken off the team for not following the team rules.

Player (sign) _____

Player (print) _____

Payment Type	_____
Amount	_____
Date Rec'd	_____
Team	_____
Coach	_____

Welcome to the Illinois Wizards AAU Basketball Program!

EMERGENCY CONTACT

In the event of emergency, who should the coaches contact if parent can not be reached?

Name _____ Relation to Player _____

Phone _____ Cell _____ Work _____



ILLINOIS WIZARDS AAU TRAVEL BASKETBALL



REFUND POLICY AND PAYMENT PLAN

Being selected to participate on a Wizard basketball team requires the following payment plan:

- Total fee for SPRING AAU is _____ **PAYABLE TO WAA**
- This is a **non-refundable** fee due immediately upon acceptance of such offer to secure a player's roster spot. The amount currently due is \$150. There could be an additional fee based on the cost of practice rental. This will be communicated as soon as the information is available.

This fee **does not include** any costs associated with player uniforms. The cost will be as follows and is due at the time the order is placed: jersey \$35, shorts \$18

If you are a CURRENT Wizard player, you will use the uniform you have. Only those that are not a on a Wizards team from the past season will need to place an order.

I / We understand the fee payment structure and agree to it. → Parent's Initials _____

PARENT / GUARDIAN AUTHORIZATION

I / We, the parent(s) or natural guardian(s) of the child named on the other side of this page, who is a candidate for the Wheatland Wizards, governed by the Wheatland Athletic Association, Inc., hereby give our approval for our child's participation in all activities of said program during the 2008/2009 season or extension of that season. In consideration of the registration of our child, we agree to release and discharge Wheatland Athletic Association, Inc. and all agents, directors, officers, organizers, supervisors, employees or expenses arising from personal injury to our child incurred as a result of the Association's activities. It is thereby understood that as parents, it is our obligation to provide appropriate medical insurance for our child and that said child has no physical limitations or illness which would restrict full participation in this activity, except where noted below:

Exceptions Noted Here _____

In addition, in registering for the Wheatland Wizards Travel Basketball, I / We the parent(s) or natural guardian(s) of the child named on the other side of this page, understand that we are responsible for any school facility damage or facility usage rule violations by ourselves, our child, other family members or children in our custody. We have also read the WAA Code of Conduct and agree to its terms. Any violation of the above could result in suspension from the program.

[Code of Conduct](http://www.WAASPORTS.ORG) (link to www.WAASPORTS.ORG) Please initial here _____

I / We agree that our son / daughter will not participate in another travel basketball program or travel team from March 2008 through August 2008, except as approved by the Director and noted below:

Exceptions Noted Here _____

Finally, I / We understand that our child's name (first name and last initial) and any photographs or films taken in which my / our son / daughter appears may be used for promotion or as deemed appropriate by WAA free of claims on our part.

Do NOT use my child's name Do NOT use my child's photograph / film

Parent(s)/Legal Guardian (sign) _____ Date _____

Parent(s)/Legal Guardian (print) _____

FORM MUST BE SIGNED BY PARENT / GUARDIAN