



WHEATLAND WIZARDS
TRAVEL BASKETBALL
 Code 1119
SUMMER TRAINING
2008 REGISTRATION FORM



PLAYER INFORMATION

Name _____ Gender _____
 Address _____ City _____ Zip _____
 E-Mail (*important*) _____ Subdivision _____
 School _____ (in fall) Grade _____ Birthdate ____/____/____
 Phone _____ Cell _____ Work _____
 Parent Name(s) _____
 Parent Cell Phone _____

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 removed from the program if I'm not following rules.

Player (sign) _____
 Player (print) _____

Payment Type	_____
Amount	_____
Date Rec'd	_____
GRADE	_____

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 _____



WHEATLAND WIZARDS TRAVEL BASKETBALL



REFUND POLICY AND PAYMENT PLAN Code 1119

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

PAYABLE TO WAA

- Total Fee for SUMMER TRAINING is \$150.
- The summer program in the past has been offered to players that a coach sees potential but feel the player might benefit from additional skills training.
- This DOES NOT guarantee them an offer, or confirm a roster spot. It is important to make sure the family and player understand that the summer session is just an opportunity being offered to help the player improve their skill level.
- The final decision is up to the coach of that grade level. If they ARE offered a spot after the summer sequence, the money applied to Summer Training will be put toward their annual fees and their additional amount will be due with that contract.

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

(check) I have received a handout with the Summer Only Training information.

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 _____

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