



**WHEATLAND WIZARDS**  
**TRAVEL BASKETBALL**  
 Code 1119  
**SUMMER AND WINTER**  
**2008 / 2009 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 taken off the team for not following the team rules.

Player (sign) \_\_\_\_\_

Player (print) \_\_\_\_\_

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

**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 grades 4<sup>th</sup> through 8<sup>th</sup> is \$750 – 3<sup>rd</sup> grade ONLY is \$650.
- The *non-refundable* deposit of \$200 is due immediately upon acceptance of such offer to secure a player’s roster spot, and is the first installment.
- The second payment of \$200 is due no later than June 15, 2008.
  - NOTE: Both 1<sup>st</sup> & 2<sup>nd</sup> payments need to be made in order to participate in the summer skills training and conditioning.
- The remaining fee of \$350 will be due no later than September 1, 2008. (3<sup>rd</sup> = \$250)

This fee **does not include** any costs associated with player uniforms, equipment, etc.

(Cost of full uniform package will be \$130 - \$150: it includes a jersey, shorts, shooter shirt, practice shirt, game bag.)

I / We understand the fee payment structure and agree to it. → Parent’s Initials \_\_\_\_\_

(check) I have received a parent handbook at the time of submitting the registration form.

## 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](http://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 October 2008 through March 2009, 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