

# Woodcroft Athletic Association

• P.O. Box 52122 • Durham, NC 27717-2122

## 2018 Youth Basketball Application

Woodcroft Athletic Association is a non-profit, volunteer-based organization that has offered recreational athletic programs for Durham's youth since 1985. Our programs emphasize learning, teamwork, sportsmanship, and fun.

Games for the 2018-19 basketball season will be played on Friday evenings and Saturdays, with one game per weekend. An 8-game schedule is planned, weather permitting. Practices will be one night per week, Monday–Thursday.

### LEAGUE FORMAT

League age is the player's age as of October 15, 2018.

Boys age groupings will be 7-8, 9-10, 11-12, and 13-15, 16-17.

Girls age groupings will be 7-8 and 9-11.

### SITES

Southwest, Forest View, Pearsonstown, and Hope Valley Elementary Schools, Githens Middle School, and possibly other gyms may be used for practices and/or games.

### IMPORTANT DATES

September 1 **Registration Begins**

October 28 **Registration deadline**

Week of November 5 **Coaches meeting**

Week of November 12 **Practice begins**

### REGISTRATION AND FEES

\$105.00 per player. Fee includes uniform.

Make check payable to and mail to:

**Woodcroft Athletic Association**

**P.O. Box 52122**

**Durham, NC 27717-2122**

### Registration Deadline is October 28, 2018.

All applications must be complete and accompanied by the appropriate fee and a copy of the player's birth certificate, if not on file with WAA.

Please register only one child on each application, though you may write a single check for multiple children. Additional forms are available at the WAA website: [www.woodcroftsports.org](http://www.woodcroftsports.org).

Due to limited facilities, registration is on a **first-come, first-served basis**. WAA reserves the right to refuse any application received after the registration deadline, any incomplete application, or upon reaching the maximum capacity for any age group if before the stated deadline. **WAA cannot guarantee carpool, practice night, or specific teammate requests.**

Registration fee will be returned if a child withdraws before practices start. A fee of \$50 will be charged for administrative costs if a child withdraws from the league after practices begin. No refunds will be issued after the start of the season. We appreciate your understanding.

If you would like to volunteer to coach or assist, please contact the league at [WAAmail@aol.com](mailto:WAAmail@aol.com)

For more information, visit our web site - [www.woodcroftsports.org](http://www.woodcroftsports.org)

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A COPY OF THE PLAYER'S BIRTH CERTIFICATE IS REQUIRED IF NOT ON FILE WITH WAA.

Participant's Name:\* \_\_\_\_\_ Phone:\* \_\_\_\_\_

Sex: \_\_\_\_\_ Birth date:\* \_\_\_\_\_ Age as of 10/15/18: \_\_\_\_\_

Uniform Size\* (*please check one*): Youth Small \_\_\_ Youth Med \_\_\_ Youth Large \_\_\_

Adult Small \_\_\_ Adult Med \_\_\_ Adult Large \_\_\_ Adult XL \_\_\_

Participant's Height\* \_\_\_ ft. \_\_\_ in. Weight \_\_\_\_\_ Years played organized basketball\* \_\_\_\_\_  
**\*Required\***

Parent/Guardian

Name: \* \_\_\_\_\_

Email \*: \_\_\_\_\_

Street Address\*: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I would like to volunteer as a: Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_

Coach Uniform Size (*only head coach will receive a jersey*): \_\_\_\_\_

Teammate Request (**Limit 2**): \_\_\_\_\_

Please choose one evening you prefer **NOT** to practice: \_\_\_\_\_

**WAA cannot guarantee carpool, practice night, or specific teammate requests.**

I hereby give approval for the participation of my child in any and all WAA and affiliated associations or league activities, and I assume all risks and hazards incident to such participation, including transportation to and from said activities. I waive, release, and absolve, indemnify, and agree to hold harmless the WAA and affiliated associations, leagues, the organizers, supervisors, officers, directors, participants, and persons or parents transporting participants to or from such activities from any claims arising out of injury to my child. My signature hereby constitutes my knowledge that a risk of accidental injury may result from participation in this RECREATION ACTIVITY.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_