

JOIN the FUN and EXCITEMENT OF ASHLAND YOUTH BASKETBALL 2009 REGISTRATION



Evaluations Are Scheduled As Follows:

- | | | | |
|---|--------------|--|------------------|
| X | Ages 5 - 10 | Sunday, November 1, 2009
Henry Clay Elementary School | 2:00 – 5:00 p.m. |
| X | Ages 11 - 18 | Sunday, October 27, 2008
Liberty Middle School | 2:00 – 5:00 p.m. |

Mail registration form to:

Derrick E. Rosser
211-A England Street
Ashland, Virginia 23005

2009/2010 ASHLAND YOUTH ASSOCIATION YOUTH BASKETBALL LEAGUE REGISTRATION

Please complete this form and send with a check payable to Ashland Youth Association to:

Derrick E. Rosser
211-A England Street
Ashland, Virginia 23005

Registration forms will be accepted at the evaluations on October 25th and November 1st.

Practices start the first week of December and games begin in January, 2009.

2010 Fees: \$100.00 per player

Player's Name: _____ **Gender:** M ___ F ___

Date of Birth: _____ **Age as of 9/30/2009:** _____

Height: _____ **Weight:** _____

Years of participation in organized basketball: _____

Parents' Names: _____

Mailing Address: _____

Home phone: _____ **Work phone:** _____

Cell phone: _____ **E-mail address:** _____

For AYA use only: Playing Age: ___ Division: _____

Total Paid: _____ **Cash or Check #:** _____

Parent's Participation

The Ashland Youth Association is a non-profit, totally volunteer organization. We need your active participation to ensure a successful season. Please indicate below any activities that you would be willing to perform:

___ Coaching ___ Team Parent ___ Sponsor ___ Scorekeeper ___ Clock Operator

Parent/Guardian=s Declarations:

1. To the best of my knowledge, my child is in good physical and emotional health.
2. I (We), the parent(s) or guardian(s) of the above named player, hereby give approval to his/her participation in any youth activities. I (We) assume all risks and hazards incidental to such participation, including transportation to and from the activities, and do hereby waive, release, and agree to hold harmless the Ashland Youth Association, its sponsors, supervisors, participants, and persons transporting the player(s) to or from activities, from any claim arising out of an injury to the player, whether the result of negligence or any other cause, except to the extent and amount covered by insurance.
3. I (We) will furnish a certified original birth certificate for the player upon request.
4. I (We), as parent(s) or guardian(s) of the player and role model to the youth in our community will exhibit good sportsmanship and proper respect for the players, coaches, and game officials in accordance with the Code of Ethics for AYA. I (We) understand that failure to do so may result in suspension or dismissal from the Ashland Youth Basketball program.

Parent/Guardian signature: _____ **Date:** _____