

WTAA BASKETBALL REGISTRATION FORM

Last Name: _____ First Name _____

Address _____ City _____ Zip _____

DOB _____ Grade _____ Circle Gender M F

Home Phone _____ Cell Phone _____ Other _____

Email Address _____ Alternate Email _____

Emergency Contact (Please list first and last name, contact number & relationship to child below)

Uniform Size Please Circle: Youth Adult Please Circle: S M L

Registration Fees 3rd & 4th Grade \$50.00 per applicant 5th - 8th Grade \$70.00 per applicant

I certify that the above named applicant has my full consent to participate as a member in the Waterford Township Athletic Association Basketball Program.

Parent / Guardian Signature _____ Date _____

NOTE: VOLUNTEERS ARE NEEDED TO MAKE A SUCCESSFUL PROGRAM FOR THE CHILDREN OF THE TOWNSHIP. PLEASE PLACE AN "X" NEXT TO THE LINE OF THE POSITION YOU ARE VOLUNTEERING:

DIRECTOR _____ ASST COACH _____ Score / Time Keeper _____
HEAD COACH _____ REFEREE _____ Hall Monitor _____

Head Coach & Assistant Coaching Positions require background checks & Rutgers Certification.

MEDICAL CONDITIONS OR APPLICANT REQUIREMENTS

SPONSOR A TEAM If you would like to sponsor a team, please put down the company name (or attach business card) below WTAA Sponsorship Fee for a team is \$100.00. If you are interested, please send the sponsor check along with the applicant's registration. A WTAA member will be in contact with you upon receipt.

Company Name _____

Company Telephone Number _____

Additional Questions & Feedback:

Did you know the WTAA has a website WTAA.ORG? Please Circle Y N

If Yes to the question above, why do or did you visit the site? _____

What items would you want available on the website? _____

Will this applicant be registering for WTAA Baseball or Softball in the Spring? Please Circle Y N

Will this applicant be interested in WTAA Baseball or Softball in the Fall? Please Circle Y N

Please mail a check (NO Cash Please) and the signed registration form to WATERFORD TOWNSHIP ATHLETIC ASSOCIATION to the following address:

P.O. BOX 26 / ATCO, NJ 08004

All checks received for insufficient funds and any penalties assessed to the WTAA will be requested for reimbursement from the payer. If you have any questions, please feel free to email the WTAA Basketball Commissioner at wtaabbcommish@yahoo.com Additional registrations form can be downloaded on the WTAA website wtaa.org/Basketball