



White Oak Athletic Association
**2021/2022 BASKETBALL
 REGISTRATION FORM**

PAYMENT/WOAA INFORMATION (OFFICE USE ONLY)

Payment Total: \$

Cash/ Check #

PLAYER INFORMATION

Last Name:	First Name:	DOB:	Age:	M or F						
Shirt Size: (Circle One)	YS YM YL YXL AS AM AL AXL	(All Grades)								
Pants Size: (Circle One)	YS YM YL YXL AS AM AL AXL	(2nd thru 9th ONLY)								
Uniform Number Preference? (Returning players receive first choice) ***** All Grades										
** Current Grade: (Circle One)	K	1	2	3	4	5	6	7	8	9

Parent/Guardian #1 Name:	Cell Number:	Email Address:
Volunteer for:	Head Coach	
Parent/Guardian #2 Name:	Cell Number:	Email Address:
Volunteer for:	Head Coach	
Address:		
City:	State:	ZIP:

HEALTH CONCERNS:

Please list any medical conditions

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

To accept registration and permit participation by the named individual(s), I/we, the parent/guardian of said individual(s), hereby give my/our consent and agree to waive, release, absolve, indemnify and agree to hold harmless the White Oak Athletic Association (WOAA), its organizers, sponsors, officers, directors, participants, and persons transporting my/our son/daughter to or from activities, for any claim of injury to my son/daughter, whether the results of negligence of/for any other cause. I/We further hold harmless WOAA and all its members, from any claim arising out of injuries or conditions caused by or aggravated by my/our treatment based on refusal to obtain medical or religious or philosophical beliefs or otherwise. I/We further agree to all WOAA policies regarding placement on teams, registration fee refunds, late-sign up fees.

Print Name: _____ Sign Name: _____ Date: _____

ZERO TOLERANCE POLICY

All players, coaches, parents and fans are expected to demonstrate an ATTITUDE and BEHAVIOR of RESPECT towards others and display good SPORTSMANSHIP and CONDUCT at all times. WOAA has adopted a "Zero Tolerance" policy to be enforced during all sponsored events. Any person(s) demonstrating unsportsmanlike, disrespectful or abusive conduct can be asked to leave the premises. Repeated or flagrant acts could result in removal from the program. Questions, comments and concerns should be directed to the WOAA Board of Directors.

Print Name: _____ Sign Name: _____ Date: _____

I agree to take turns working the front door, Concession Stand, keeping clock, or keeping the scorebook at each home game. The coach will assign a parent to work and a schedule will be kept at the gym.