



# West Georgia Basketball

## REGISTRATON FORM AND WAIVER

Please TYPE or PRINT information clearly. Return your completed registration form along with a certified check, money order or cash. Registration Deadline August 9, 2019

(Payable to Vernon D. Watson OR D'villeDreamz.Basketball; on-line payment [www.westgabasketball.org](http://www.westgabasketball.org); Cashapp \$vernonwat)

Age Division: 9U 10U 12U 13U 14U 15U 16U 17U  
Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Uniform Size: Adult or Youth S M L XL XXL or XXXL

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Physical Restrictions/Disabilities: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email address: \_\_\_\_\_

### PARENTAL REGISTRATION AGREEMENT

Cost: \$125.00-returning WGBL or Dville Dreamz players; \$135- New Players

Participation in the West Georgia Basketball program includes:

- Uniforms, Practice, Season Games and Playoff Games (Season starts August 16, 2019)
- Fees are due at the time of registration. All registration must be received before any of the above items or services can be provided.
- There are **No refunds** for any cost(s), including **but not limited** to uniforms, game fees.
- All players are eligible for Recreational League participation.
- Parent/Guardian signature agrees to indemnify and hold harmless West Georgia Basketball Directors, Sponsors, Facility owners and/or operators from claims, demands and judgments arising at any time your child(ren) are participating and/or traveling to participate with the West Georgia Basketball. Further, I hereby grant full permission to this program to use my child(ren) likeness in any photograph, video, or any other record of events for Marketing purposes.
- Parent/Guardian signature below attest to your agreement to adhere to all the rules and regulations of the facilities events that are held and that you have read this registration form complete. You hereby grant full permission for your child(ren) to participate in West Georgia Basketball.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**  
Date Registration Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Verified By: \_\_\_\_\_

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