



WESTMINSTER GIRLS BASKETBALL PROGRAM
(In Cooperation with the Westminster Area Recreation Council
& the Carroll County Department of Recreation & Parks)
2014 - 2015 SEASON REGISTRATION FORM

REGISTRATION DATES: 9/27/14 & 10/4/14- West Middle 10am-2pm

DATE _____ Parent's E-Mail Address _____

CHILD'S NAME _____ AGE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ GRADE _____

SHIRT SIZE (Circle One): Adult or Youth (Circle One): X-Large Large Med Small

Returning From Last Year? _____ Coach's Name _____

Health Problems? _____ (Explain on Back)

INTERESTED IN (Circle One): In-House Only Trying Out for Traveling Team

(Note: For Travel team you must sign the Player-Parent Agreement, & you must have a release from any other recreation council that you may be associated with before trying out. All players not making travel team will be drafted by an in-house team. Also, players that do not make the travel team will be entitled to a \$80 refund if they paid the \$180 travel team fee. However, NO money will be reimbursed if you make the travel team.)

MOTHER'S NAME _____ FATHER'S NAME _____

My child _____ has my permission to participate in the activity named below at the time and place indicated during registration. I completely understand that she is subject to both the school and recreation council rules of conduct.

The undersigned acknowledges that the recreation council does not provide any registrant medical or hospitalization insurance whatsoever, and hereby waives any and all claims against the Westminster Area Recreation Council and the Carroll County Department of Recreation and Parks or any other person affiliated with the Recreation Council program for injuries sustained while watching, practicing or playing games, or traveling to and from practice sessions or games, or participating in any leisure time activity.

ACTIVITY: Basketball Signature _____
(Parent or Guardian)

REGISTRATION FEES:	Grades K – 1st	\$60
	Grades 2nd - 12th	\$110
	Travel (All Age Groups)	\$180

(Multiple Child Discount: \$5 for 2 children, \$10 for 3 children, \$15 for 4 or more children participating)

CHECKS MADE PAYABLE TO: WARC GIRLS BASKETBALL
1st Child \$ _____ Check# _____

MAIL REGISTRATION FORMS TO: 2nd Child \$ _____ Cash \$ _____
WARC GIRLS BASKETBALL 3rd Child \$ _____

6 Milton Avenue, Westminster, MD 21157 Discount \$ _____ Total Paid \$ _____

Contacts/Questions: Jerry Georgiana (410-596-0801 or jdgeorg@carrollk12.org)