

CLOVER HILL SPORTS ASSOCIATION  
P. O. BOX 1842  
MIDLOTHIAN, VA 23112



GIRL'S BASKETBALL REGISTRATION FORM 2009-2010

PLAYER'S LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ ELEMENTARY SCHOOL BOUNDARY: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ WORK/CELL #: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ WORK/CELL #: \_\_\_\_\_

HOME E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE (AS OF DECEMBER 31, 2009): \_\_\_\_\_

COPY OF BIRTH CERTIFICATE ON FILE WITH ASSOCIATION: YES: \_\_\_\_\_ NO: \_\_\_\_\_

**REGISTRATION FEES**

**\$65.00 For Instructional \$85.00 For Minor through Senior (Plus Uniform Cost of \$40.00)**

**After November 5th a \$25.00 Late Fee Can Be Charged**

Instructional (8) \_\_\_\_\_  
Minor (9-10) \_\_\_\_\_  
Intermediate (11-12) \_\_\_\_\_  
Junior (13-14) \_\_\_\_\_  
Senior (15-17) \_\_\_\_\_

There will be a \$10.00 returned check charge on any check deposited in the account of CHSA and returned for any reason.  
Refund requests will only be considered prior to the first practice. Partial refunds for extenuating circumstances may be considered on an individual basis.

I/We, the parent(s) / guardian(s) of **The Above Named Child**, hereby give my/our approval for his/her participation in any and all CLOVER HILL SPORTS ASSOCIATION sponsored activities for the sport of **BASKETBALL**. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless, the CLOVER HILL SPORTS ASSOCIATION, the Organizers, Sponsors, Coaches, Participants, and Persons transporting my/our son/daughter, except to the extent and in the amount covered by accident or liability insurance. I/We agree to furnish a certified Birth Certificate of certified legal proof of birth or other legal proof as may be requested by the Association or League for the above named participant. I/We agree to be responsible for any registration fees due prior to the start of the sport season for which the above named child is being registered. I/We understand that all children may not be played equal time in a sports activity. I/We agree that all CLOVER HILL SPORTS ASSOCIATION equipment and uniforms must be returned to the Association at the end of the sports season. I/We, the parent(s)/guardian(s) of **The Above Named Child**, who is a member of CLOVER HILL SPORTS ASSOCIATION, do hereby acknowledge that my/our child is in good physical condition and to the best of my/our knowledge is without such ailments that could create and/or cause problems due to strenuous activity (for example: asthma, migraine headaches, weak back/joints, prone to fainting or dizziness, diabetes, heart conditions, extreme allergic reactions or other physical or chronic disorders). If any, please explain, as it is to everyone's advantage that we are aware in the event of an emergency and does not necessarily mean that the child will be unable to participate in the sport. As a parent/guardian of **The Above Named Child**, I do further give my express permission for my son/daughter to be treated for any illness or injury sustained in connection with his/her duties as a member of CLOVER HILL SPORTS ASSOCIATION, should such illness or injury occur during my absence.

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

**THE SUCCESS OF CLOVER HILL SPORTS ASSOCIATION PROGRAM IS A RESULT OF MANY PEOPLE GIVING THEIR TIME AND EFFORT FOR THE YOUTH OF OUR COMMUNITY. CLOVER HILL SPORTS ASSOCIATION HAS MANY OPPORTUNITIES TO SERVE IF YOU WISH. PLEASE INDICATE ANY AREA YOU ARE INTERESTED IN FOR THIS BASKETBALL SEASON.**

VOLUNTEER: \_\_\_\_\_ Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Team Parent \_\_\_\_\_

**ANY MEDICAL CONDITIONS THE COACH SHOULD BE MADE AWARE OF:**

\_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY THE FOLLOWING:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HAVE UNIFORM FROM LAST YEAR: \_\_\_\_\_ YES \_\_\_\_\_ NO Jersey #: \_\_\_\_\_

PURCHASE UNIFORM: \_\_\_\_\_ YES \_\_\_\_\_ NO (COST OF \$40.00)

Jersey Size: \_\_\_\_\_ Shorts Size: \_\_\_\_\_ Jersey # Choice: \_\_\_\_\_  
Choice #1 Choice #2 Choice #3