



**YOUTH PROGRAM REGISTRATION
& PAYMENT SCHEDULE
FOR THE 2015 - 2016 SEASON**



- Basketball -

SCOTTSDALE ATHLETIC ASSOCIATION
P.O. BOX 183 SCOTTSDALE, NY 14546

VISIT SAA ON THE WORLD WIDE WEB
@ WWW.SCOTTSDALEATHLETIC.ORG

Fall-Winter Basketball Registration - Sign up

Location: Wheatland Chili High School Gym

Fall-Winter Basketball registration closes on: 12/15/2015

Practice starts early Nov. (confirm with your Coach)

<u>Recreational Basketball Programs</u>	<u>Fees</u>	<u>Amount</u>	<u>SAA Use Only</u>
Please circle the Program you are registering for.		Fee _____	Reg #: _____
Girls Recreational league (grades 3-8).....	\$ 60.00	Select + _____	Related #: _____
Boys Recreational league (grades 3-8).....	\$ 60.00	Other + _____	Amt Paid: _____
		Subtotal _____	Other: _____
		Discount - _____	Check #: _____
		Total Fee _____	Rec'd By: _____

LATE Registration Fee may apply after Dec 15th, 2015.

Discount - \$ 10.00 for each registration **after** two full fees paid for same program.

Returned Check Fee - \$ 25.00 SAA processing fee applied for each returned check.

Volunteer Help (circle at least one): Head Coach Asst Coach Ref Committee Other

Child Name: _____ Date of Birth: _____ Grade: _____

Male: ____ Female: ____ E-mail address: _____

Address: _____ City: _____ Zip: _____

Telephone (Home): _____ (Work): _____ (Mobile): _____

Physical Limitations (if any): _____

Parent / Guardian Name: _____

I the parent/guardian of the above named child, hereby give my approval to participate in any and all program activities, including transportation to and from the activities. I know that participation in these programs may result in serious injuries and that protective equipment does not prevent all injuries to players. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Scottsdale Athletic Association, Inc. (SAA), the organizers, supervisors, participants and persons transporting my child whether the result of negligence or any other cause, except to the extent and in the amount covered by insurance. I authorize SAA and its representatives to seek and obtain medical aid for the above named child if such child should sustain an injury while participating in an SAA Program and in their judgment such action is warranted.

Parent/Guardian Signature: _____

** SAA accepts specific team and/or coach requests, but cannot guarantee placement. SAA reserves the right for player team and/or coach assignment. SAA reserves the right to utilize pictures of participants for SAA Program promotion (i.e., SAA web site, sponsor plaques).