



**YOUTH PROGRAM REGISTRATION  
& PAYMENT SCHEDULE  
FOR THE 2017-2018 SEASON**



**- Basketball -**

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

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

**Fall-Winter Basketball Registration - Sign up**

**Fall-Winter Basketball registration closes on: 11/20/2017**

<u>Recreational Basketball Programs</u>	<u>Fees</u>	<u>Amount</u>	<u>SAA Use Only</u>
<b>Please circle the Program you are registering for.</b>		<b>Fee</b> _____	<b>Reg #:</b> _____
Girls Recreational league (grades 3-8).....	\$ 65.00	<b>Select +</b> _____	<b>Related #:</b> _____
Boys Recreational league (grades 3-8).....	\$ 65.00	<b>Other +</b> _____	<b>Amt Paid:</b> _____
		<b>Subtotal</b> _____	<b>Other:</b> _____
		<b>Discount -</b> _____	<b>Check #:</b> _____
		<b>Total Fee</b> _____	<b>Rec'd By:</b> _____

**LATE Registration Fee may apply after Nov 20<sup>th</sup> 2017.**

**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 Scottsville 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).