

Grade and Birthday	Team
3 rd Grade and Born on or After 1/1/99	8U / 3 rd Grade
4 th Grade and Born on or After 1/1/98	9U / 4 th Grade
5 th Grade and Born on or After 1/1/97	10U / 5 th Grade
6 th Grade and Born on or After 1/1/96	11U / 6 th Grade
7 th Grade and Born on or After 1/1/95	12U / 7 th Grade
8 th Grade and Born on or After 1/1/94	13U / 8 th Grade
9 th Grade and Born on or After 1/1/93	14U / 9 th Grade
10 th Grade and Born on or After 1/1/92	15U / 10 th Grade
11 th Grade and Born on or After 1/1/91	16U / 11 th Grade

Tryout Number (Provided at Tryouts): _____

WFBC APPLICATION FOR MEMBERSHIP 2009 SEASON

Player Last Name: _____

Player First Name: _____

Date of Birth: _____

Current Grade (2008/2009 School Year): _____

County of Residence: _____

Address: _____

City: _____

State: _____

Zip: _____

WFBC Player in 2008 (Circle One): **No** **Yes** (Coach _____)

Parent's First Name: _____

Parent's Last Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Insurance Company and #: _____

I understand that if this player is selected for a team, all WFBC fees are non-refundable and not pro-rated. I certify that my child is in good physical condition, is fit to participate with the Western Fairfax Basketball Club (WFBC) and suffers from no physical impairment that might be aggravated by said participation. I certify that my child is covered by medical insurance, and that I will not hold WFBC or its staff responsible for any injuries to my child that may occur during participation in the WFBC season.

Parent Signature: _____

Date: _____

INTERNAL USE ONLY

Paid by Check ___ Check Number _____ \$ _____

Name on Check (if different than name listed above) _____

Paid by Cash ___ \$ _____