

**Registration  
Deadline:  
October 28<sup>th</sup>**

Tryout # \_\_\_\_\_

2017-2018

# Basketball

Woodway Family Center

**Fee: \$75.00 Woodway residents**

**\$80.00 Non-Woodway residents**

**Registrations after October 28<sup>th</sup> will be assessed with a \$25.00 late fee and will be accepted only if space is available.**

To register by mail: Enclose form and a check payable to WFC, 1100 Estates Dr. Woodway, TX 76712. **Forms postmarked after Oct. 28<sup>th</sup> will be assessed with late fee.**

**Basketball is open to boys & girls in grades K-6<sup>th</sup>.**

Boys & girls will play in separate leagues.

***All teams will be selected thru a standard draft process, we are no longer able to accommodate requests for coaches or team-mates. Players may be randomly selected if not present at try-outs.***

Child's Name: \_\_\_\_\_ Grade: K \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_  
3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Dad's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Shirt Size: YS \_\_\_ YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_

## **General Release And Indemnity Agreement**

I, the undersigned parent or guardian of the minor child or myself referenced herein, acknowledge that the child or myself is authorized to participate in the activity described on this sheet which is provided by the City of Woodway Family Center, Texas. I hereby release and agree to indemnify the City of Woodway Family Center, its agents, employees, officers and members, from any and all claims, demands, suits, causes of action, or judgments, including claims for attorneys' fees, which my child or I may have, or may claim to have, against the described parties arising out of or in any way connected with the activity sponsored by the City of Woodway Family Center, for all personal injuries, property damage or claims for wrongful death, caused by the ACTS, OMISSIONS OR NEGLIGENCE of City of Woodway Family Center, its agents, employees, officers and members.

### **\*PHOTO RELEASE**

YES  NO

I agree that the Woodway Family Center may use such photographs of me and/or my children without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*I would like to coach \_\_\_\_\_ \*I would like to assist \_\_\_\_\_ I would like to sponsor a team \_\_\_\_\_**

**\*Criminal Background Check Required On All Coaching Staff**

**\*Any arrests for a Class B Misdemeanor, or above, will likely be a disqualifying factor.**



1100 Estates Dr.  
Woodway, TX 76712

Phone: 254 772-7491

Email:

wfc@woodwaymail.org

Website:

www.woodway-texas.com