





**FREDERICKSBURG PARKS,
RECREATION & EVENTS**

YOUTH BASKETBALL



Registration for 2020 Youth Basketball must be done in person at the Dorothy Hart Community Center (408 Canal Street Fredericksburg, VA 22401) as we transition to a new registration software.

Registration:

Oct. 1st– Dec. 3rd City)

Oct. 8th–Dec. 3rd (Non-City)

Limited amount of night preference openings available

Fees:

City Residents - \$30 (Zip code must be 22401)

Non-City Residents - \$60

\$10 Late-Fee after Dec. 3rd

Locations:

All practices and games will be held at Walker Grant Middle School, 1 Learning Lane, Fredericksburg, VA 22401 and Lafayette Upper Elementary School, 3 Learning Lane, Fredericksburg, VA 22401.

Practices will begin Monday, January 6th, 2020.

Parent and Coaches Information:

**Parents Meeting is Monday, Dec. 16th at 6:00 p.m.
Coaches' Meeting is Monday, Dec. 16th at 7:00 p.m.
Meetings held at Dorothy Hart Community Center.**

Inclement Weather Policy:

Cancellations will be made with as much notice as possible. Please sign up for cancellation notifications with Fredericksburg Alert at www.fredericksburgalert.com.



For information on the Lil' Hoopsters program please call (540) 372-1086.



**Youth Basketball Registration
Winter 2020**

Please write legibly

Novice (7-8 yrs) <input type="checkbox"/>	Rookie (9-10 yrs) <input type="checkbox"/>	Junior (11-13yrs) <input type="checkbox"/>	Senior (14-17 yrs) <input type="checkbox"/>	Age: _____ (as of 3/1/2020)
Child's First and Last Name _____				Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address _____				
City and Zip _____				Practice Preference <input type="checkbox"/> M/W <input type="checkbox"/> T/Th <input type="checkbox"/> No Pref No Time Requests
Home Phone or Cell Phone _____		Child's Date of Birth _____		
Parent/Guardian Name _____				
Parent/Guardian Work Phone or Cell Phone _____				T-shirt Size <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
Parent/Guardian E-Mail **Used for updates and notifications** _____				
Emergency Contact Name (Person other than parent/guardian who can be immediately contacted) _____				
Emergency Contact Number _____				
Department policy states that special requests for team placement cannot be honored. This includes requests for carpooling, assignment with friends, or particular coaches, specific practice times, etc.				
Do you have any brothers/sisters playing? If so, what division are they in? _____				
ATTENTION: Does your child have any physical disabilities, allergies, medications or facts that we should be aware of? If yes, please list below: _____				
By signing this form, I agree to the terms of the City's liability waiver, which can be found at http://fredericksburgva.gov/index.aspx?nid=1107 or in hard-copy from the Parks and Recreation Department.				
Parent/Guardian Signature & Date _____				
For Office Use Only	Date: _____		Amount Received: _____	
D.O.B.: _____		Verified by: <input type="checkbox"/> New <input type="checkbox"/> BC List		Staff Initials: _____
Age Waiver: _____		Fee Waiver: _____		

