



# WHITMAN GIRLS BASKETBALL ASSOCIATION

REGISTRATION FOR THE 2009/2010 SEASON (November thru March)  
Tuesday, **September 22<sup>nd</sup>** 6:30-8:00 PM and Thursday, **September 24<sup>th</sup>** 6:00-7:30 PM  
**Location:** Whitman Middle School

## IN-TOWN LEAGUES AND DIVISIONS

Instructional 3<sup>rd</sup> & 4<sup>th</sup> Grade with no previous experience  
Junior Division 4<sup>th</sup> (with at least one year of instructional), 5<sup>th</sup> & 6<sup>th</sup> Grades  
Senior Division 7<sup>th</sup>, 8<sup>th</sup> & 9<sup>th</sup> Grades

Registration Cost per Family:  
Single child - \$45      Two children - \$65      Three children or more - \$80

**PLEASE MAKE CHECK PAYABLE TO: WGBA**

\*Note: **\$10 late fee will be assessed after October 1<sup>st</sup>**. Late registrants will be assigned to teams, provided space is available, or placed on a waiting list.

## **Calling all volunteers – no experience required!**

Please consider volunteering to assist as a coach, assistant coach, referee, or board member.

TRAVEL LEAGUE - (5<sup>th</sup> thru 8<sup>th</sup> grade) For those interested, we also have teams that play in a travel league. Information will be available at registration or you may contact: Rick Clark 781-447-4822

**For questions about registration**      Contact Jean Paulsen      781-523-1221  
jean.paulsen@comcast.net

For additional information visit our website: [wgbahoop.com](http://wgbahoop.com)

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## **WGBA REGISTRATION/LIABILITY FORM - 2009/2010 SEASON**

Player Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) (h) \_\_\_\_\_ (c) \_\_\_\_\_ Email: \_\_\_\_\_

As parent or guardian for the player named above, I give my permission for her to participate in the Whitman Girls Basketball Program for this season. I understand that playing basketball carries the risk of injury. I will not hold the Whitman Girls Basketball Association or any volunteer affiliated with the WGBA Program liable in the event of injury. I give my permission for the WGBA to seek medical attention in the case of emergency.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

For registrar's use: cash \_\_\_ check \_\_\_ amount \_\_\_\_\_ ( family registration: total number registered \_\_\_\_\_ )

