

Ashburn Athletic Association
Dulles Youth Basketball 2017-2018
43401 Ballantine Place, Ashburn, Virginia 20147

Please enclose \$150. Make checks payable to **Ashburn Athletic Association**

Registration Form Grades (K, 1st, 2nd or 3rd - circle one)

Child's Last Name	First	Male or Female	Home Phone
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Street Address	City	State	Zip
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1. Parents/Guardian Name	Cell Number (1)
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2. Parent/Guardian Name	Cell Number (2)
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1. Email Addresses	Work
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2. Email Addresses	Work
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SHIRT/SHORTS SIZE:	Youth	Adult
Shirt/shorts same size	S M L	S M L

I WOULD LIKE TO **VOLUNTEER** TO (Write "M" for Mom and "D" for Dad):

COACH_____ ASST. COACH_____ FACILITY ATTD_____ REFEREE_____ LEAGUE SPONSOR_____

PARENT/GUARDIAN AUTHORIZATION & MEDICAL RELEASE

There is no medical insurance provided by the County or DYB. As the parent(s) or legal guardian of the above named minor, I grant permission for this minor to participate in all activities of the Dulles Youth Basketball league. I assume all the risks and hazards to and from all such activities, and do hereby release and waive all claims against the County, Parks & Recreation, DYB, Coaches and Sponsors. Based on the fact that my child is a minor, should any occasion arise regarding the health and welfare of my child which would require authorization or approval from myself, please be advised that I give the right to grant said authorization to Dulles Youth Basketball and its officials.

Parent/Guardian PLEASE PRINT NAME	Parent/Guardian SIGNATURE	Date
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Any medical condition or learning disabilities DYB coaches should be aware of (asthma, allergies, diabetes, ADHD)

Request – One request per family
Place request here

For more information or questions contact Kim or Kevin Prince @ 703-629-4746 or 703-629-4748.
www.ashburnathleticassociation.com