SCVAA 2014-15 BASKETBALL REGISTRATION

The St. Croix Valley Athletic Association Basketball program is dedicated to skill and teamwork development for all students ***entering grades K - 12th at the start of the fall of 2014 academic year****.*

	Grade / League	Season Starts	Season Ends	Fee	Details	Registration Deadline
	K/1	1/17/2015	2/21/2015	$55	6 Saturdays	1/6/2015
	2nd	11/10/2014	2/20/2015	$75	One practice/game a week	10/16/2014
	3rd	11/10/2014	3/7/2015	$125	1 Practice, Games on Sat.	10/16/2014
	4th	11/10/2014	3/7/2015	$125	1 Practice, Games on Sat.	10/16/2014
	5th	11/10/2014	3/7/2015	$125	1 Practice, Games on Sat.	10/16/2014
	6th	11/10/2014	3/7/2015	$125	1 Practice, Games on Sat.	10/16/2014
	7th – 12th	11/10/2014	3/7/2015	$150	1 Practice,1 Game a week	10/16/2014

- A $20.00 late registration fee will be assessed after the above Registration Deadline Dates.
- A 25% service fee will be assessed on all refund requests. No refunds will be granted after teams are assigned.
- Grade 2 meets once per week. Grades 3-12 will have 1 practice and 1 game per week. Grades 3-6 will be in-house leagues with referees.
- Online registration is the preferred method at ***www.scvaa.org*** . Mail in registrations accepted by completing this form completely and mailing a check to: **VAA Basketball, P.O. Box 44, Stillwater, MN 55082**

Participant Information

First Name_____ Last Name_____ Phone _____

Gender ___ M or ___ F Grade **(Fall 2014)**_____ Date of Birth_____

Address_____

City_____ State___ Zip_____ Email _____

☐ Check here to put siblings in the same division on the same team. Sibling Name:_____

Preferred School Affiliation(Choice not guaranteed)

Circle the School your child attends, or would prefer to participate with

Oakland Jr High	Afton	Lily Lake	Rutherford	Stonebridge
Stillwater Jr High	Anderson	Marine	Salem Lutheran	Withrow
SC-Prepatory	Lake Elmo	Oak Park	SCCS	**Other -**

Parent/Guardian Information

First Name_____ Last Name_____ Phone _____

First Name_____ Last Name_____ Phone _____

Volunteer Information

Please volunteer to coach your child's team! ___ Head Coach ___ Assistant Coach ___ Basketball Commission

Coach's/Parent's Name_____Phone_____Email_____

Comments: _____

I, the parent/guardian of the registered player, a minor, agree that the player and I will abide by the rules of the St. Croix Valley Athletic Association (SCVAA), its affiliated organizations and sponsors. The SCVAA reserves the right to assign all players, approve all coaches, and limit the number of registrations/participants per team. Recognizing the possibility of physical injury associated with this sport and in consideration for the SCVAA accepting the player for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify the SCVAA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also understand that my child/children remain my responsibility while participating in, being transported to or from and anytime they are in the company of other players, parents, coaches and officials associated with SCVAA events. I hereby understand that the SCVAA is responsible only for the formation and scheduling of the activities and that the safety and well being of my child remains my responsibility.

Parent/Guardian Signature:_____ **Date:**_____

For additional information please visit the VAA web site at ***www.scvaa.org*** *or send a email to basketball@scvaa.org.*