

CHECK# _____ CREDIT/DEBIT CARD CASH Amount Paid \$ _____

2024-2025 BASKETBALL REGISTRATION

WESTERN HARNETT YOUTH RECREATION, INC • PHONE NUMBER: 919-499-9948

***IF SPACE IS AVAILABLE* REGISTRATIONS RECEIVED AFTER NOVEMBER 2nd WILL BE CHARGED A \$10.00 LATE FEE**

YOU MAY REGISTER WEEKDAYS 9-12 NOON ON **October 21st thru 25th** and **October 28th thru November 1st**
AT THE RECREATION OFFICE AT BARBECUE CREEK PARK (LOCATED BETWEEN WESTERN HARNETT HIGH SCHOOL AND MIDDLE SCHOOL),
OR ON **SATURDAY, OCTOBER 26th & NOVEMBER 2nd** FROM 9AM - 1:00PM

Online Registration Available Oct 7th-Nov 2nd • Please Visit our Website: www.whyrec.org

PLEASE NOTE: DO NOT REQUEST COACH OR PLAYERS. ONLY SIBLINGS OF SAME AGE GROUP WILL BE ALLOWED TO REQUEST SAME TEAM. NO EXCEPTIONS.

PLAYERS NAME: _____

GRADE: _____ AGE: _____ DATE OF BIRTH: _____ SEX: _____
(AS OF JAN. 1, 2025) (BIRTH CERTIFICATE REQUIRED UNLESS ALREADY ON FILE WITH WHYR)

PARENT/GUARDIAN: _____ E-Mail: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

PLAYER SHIRT SIZE: PLEASE CIRCLE ONE: (NOTE SHIRTS MAY RUN SMALL)

YOUTH: SMALL MEDIUM LARGE **ADULT:** SMALL MEDIUM LARGE X-LARGE XX-LARGE

I WISH TO PLAY (Please Check One)

- 6U BASKETBALL** - (Boys & Girls 4, 5 & 6, not 7 before Jan. 1st)
(Must be 4 before Jan. 1st, 2025)
- 8U BASKETBALL** - (Boys & Girls 7 & 8, not 9 before Jan. 1st)
- 10U GIRLS** - (Girls 9 & 10, not 11 before Jan. 1st)
- 10U BOYS** - (Boys 9 & 10, not 11 before Jan. 1st)
- 12U BOYS** - (Boys 11 & 12, not 13 before Jan. 1st)
- 13U GIRLS** - (Girls 11, 12 & 13, not 14 before Jan. 1st)
- 15U BOYS** - (Boys 13, 14 & 15, not 16 before Jan. 1st)

SCHOOL ATTENDANCE AREA (Check One)

- ANDERSON CREEK / SOUTH HARNETT**
- BENHAVEN / JOHNSONVILLE / LINDEN OAKS**
- HIGHLAND ELEMENTARY / MIDDLE**
- OVERHILLS ELEMENTARY / MIDDLE / HIGH**
- W. HARNETT MIDDLE / HIGH**
- BOONE TRAIL**

Registration is \$70.00 for all participants.

METHOD OF PAYMENT - CHECK, CREDIT/DEBIT CARD or CASH WHEN REGISTERING AT THE RECREATION OFFICE
REGISTRATION MAY BE MAILED TO THE RECREATION OFFICE: MAKE CHECKS PAYABLE TO:

WESTERN HARNETT YOUTH RECREATION, INC.
10891 NC 27 W
LILLINGTON, NC 27546

*** A \$25.00 FEE WILL BE CHARGED FOR ALL RETURNED CHECKS***
NO REFUND POLICY: NO Refunds will be issued after November 25th.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
(Incorrect registration amount will not be accepted)

I AM INTERESTED IN COACHING: NAME: _____

COACHING EXPERIENCE AND LEVEL: _____

ADDRESS: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

I AM INTERESTED IN SPONSORING A TEAM

BUSINESS NAME: _____

Registration is NOT complete if the Waiver on the back is not signed.

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I/We, the parents/guardians of the above Participant, do hereby consent to his/her participation in the above Program including all activities incidental to the Program. I/We assume all responsibilities for, and risk and hazards of, participation in the Program, including transportation to and from all activities in the Program. In consideration of being allowed to participate in the Program, I/We hereby release and forever discharge Western Harnett Youth Recreation and their respective officials, officers, employees, sponsors, volunteers and participants, from any and all claims, actions or causes of action of whatever kind of nature, including claims of property damage, bodily injury or death, arising out of, or sustained as a result of, his/her participation in the Program and all activities incidental to the Program.

I hereby give Western Harnett Youth Recreation permission to take photographs and/or video of me and/or my child(ren) and/or photographs and/or video in which I or my child(ren) may be involved with others without compensation to me.

These photographs and/or video may be used by WHYR for promotional and information purposes in print and/or on the WHYR website.

I/We agree to abide by the terms of participation for the Program.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

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

Parent/Guardian Print Name: _____ **Player's Name:** _____