

In partnership with Roanoke City Parks and Recreation Youth Athletics, there are 4 Roanoke City Regional Recreational Clubs that provide recreational teams for players that reside in **Roanoke City**. To locate your regional recreation club, GO TO: <https://www.playroanoke.com/find-roanoke-recreation-club/> or call Roanoke City Parks and Rec. 853-2236.

THIS REGISTRATION IS FOR GSA ONLY and all GSA participants must be Roanoke City residents and live in GSA'S Region IV, Southwest.
GSA's serves households with home residence that are in the following City elementary schools regions:
Crystal Spring, Fishburn, Grandin Court, Virginia Heights, and Wasena



GREATER SOUTHWEST ATHLETICS (GSA) Winter BASKETBALL 2017-18

REGISTER ONLINE: GSAsports.org

904-6442

Registration DEADLINE Nov. 1

Practice & Game Season is end of November - February

Player Eligibility: All GSA participants must be Roanoke City residents and live in **Region IV, GSA-Southwest**. All ages are determined by age on Jan 1, 2018 and player must be no younger than 5 years of age and not older than 18 years of age. 18 year-old participants must be enrolled in a Roanoke City Public School or attend a home school equivalent. Siblings in the same age group will be kept together upon request. **If a sufficient number of coaches are not available, we may not be able to honor your request for participation.**

Player Registration Form: Please print

Player's Name		*Date of Birth: MM/DD/YYYY		____/____/____ <small>*if birth cert is not on file- send copy</small>	
Address			Sex		<input type="checkbox"/> Male <input type="checkbox"/> Female
			Zip Code		Home Phone
Parent/Guardian		Work Phone		Mom:	
1. _____				Dad:	
2. _____				Mom:	
Email (contact email for GSA to contact you)		Cell Phone		Dad:	
Current School		Grade		* Age on Jan 1, 2018 (must be no younger than 5 and not older than 18))	
GSA Team Last Winter <small>(if played GSA 2016-2017 Basketball)</small>		Legacy Player: If a player is returning to <i>the same age group</i> , and <i>Coach is returning</i> , he or she may stay on the same team. Are you returning to same age group and wish to be on legacy team if coach is returning?		<input type="checkbox"/> Yes – request legacy team – same coach <input type="checkbox"/> No- please put in draft, or moving to another age group	

Please use additional sheet to give details of any disability that might hinder the above applicant from participating in GSA Soccer.

PARENTS: We need your help. Lack of sufficient number of coaches / volunteers may result in players not being placed on a team.

Please volunteer for one of the following jobs: Coach Assistant Coach Team Manager

Name: _____ Email address: _____ Age Division you want to coach: _____ Team you want to coach: _____

Did you Coach or Asst. Coach last year? Yes No 2016-17 Age Division _____ Team Name _____ Is this your Legacy Year? Yes No

AGE DIVISIONS: no younger than 5 or older than 18 years old in age on Jan 1, 2018. 18 year-old participants must be enrolled in a Roanoke City Public School or attend a home school equivalent. **All players must participate in their appropriate age group; no exceptions to this rule.**

Please check the appropriate age/gender division for your child.

Coed: <input type="checkbox"/> Instructional		Playing Age: 5 and 6 years old (must be 5 years old on Jan 1 and can't be 7 before Jan 1)		Eligible Date of Birth: Players born 1/2/2011 to 1/1/2013	
Boys:		Girls:			
<input type="checkbox"/> Biddy		<input type="checkbox"/> Biddy		7 and 8 years old (Can't be 9 before Jan 1)	
<input type="checkbox"/> Pee Wee		<input type="checkbox"/> Pee Wee		9 and 10 years old (Can't be 11 before Jan 1)	
<input type="checkbox"/> Little League		<input type="checkbox"/> Little League		11 and 12 years old (Can't be 13 before Jan 1)	
<input type="checkbox"/> ** Junior		<input type="checkbox"/> Junior		13 and 14 years old (Can't be 15 before Jan 1)	
<input type="checkbox"/> **Senior		<input type="checkbox"/> Senior		15, 16, 17,18 years old (Can't be 19 before Jan 1)	
**Attn: Jr. and Sr. Boys: Boys may only participate in middle school basketball leagues. Any male that has played or is playing or a Freshman, Junior Varsity or Varsity team within the current season is not eligible to play for Roanoke Parks and Recreation Basketball Leagues.					

UNIFORM SIZES: Please check "Youth" or "Adult" and check one size each for Jersey and Shorts. Registration fee includes uniform

Jersey	<input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> Extra Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large
Shorts	<input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> Extra Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large

REGISTRATION – 2 Options Registration must be with **payment** before the deadline to be accepted.

HOUSEHOLDS WITH OUTSTANDING FEES ARE INELIGIBLE TO PARTICIPATE WITH GSA REC SPORTS. Contact GSA to pay balance.

Registration fee - \$65.00 (includes uniform)

1. Mail this completed form with a check payable to **GSA**, plus a COPY OF YOUR CHILD'S BIRTH CERTIFICATE* to:

Greater Southwest Athletics, 234 Parkcrest Street, SW Roanoke, VA 24014.

* If Birth Certificate copy is not already on file. Players beginning recreational sports must provide copy of birth certificate.

Do not leave this form with Parks and Recreation Dept. please mail to address above.

2. Register Online at: www.GSAsports.org with a Debit/Credit Card.

REGISTRATION DEADLINE: Nov 1- Forms received after Nov 1, will be placed on a waiting list at the Athletic Director's discretion and cannot be guaranteed placement. There is a \$10.00 LATE FEE. Each team roster is final at the start of the first scheduled game.

WAIVER

I hereby release Roanoke City, Greater Southwest Athletics (GSA), and their directors, officers, employees, agents, and volunteers from liability with respect to any injury or illness sustained by my registered child while participating in this program. I certify that the named participant, to the best of my knowledge, is in good health and able to participate in the sport listed.

Parent/Guardian Signature	Date
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