

**ANNE ARUNDEL COUNTY**  
**DEPARTMENT OF RECREATION AND PARKS**  
*Organized Recreation & Athletics Division*

**TEAM REGISTRATION FORM \*\*\*ONE TEAM PER FORM\*\*\***

Season: WINTER Program Year: 2011/2012

Sport: Youth Boy/Girls Basketball Program Number: \_\_\_\_\_

**ATHLETIC/SPONSOR ORGANIZATION**

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Commissioner/Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

**TEAM INFORMATION**

*For registration to be complete please be sure to indicate **AGE** Group, **Boys** or **Girls** team, and **Level** of Play. Incomplete information may result in team being improperly placed.*

Team Name: \_\_\_\_\_

| AGE GROUP   | 8U         | 9U         | 10U        | 11 U       | 12U        | 13U        | 14-15      | 17U        |
|---|------------|------------|------------|------------|------------|------------|------------|------------|
| Indicate Boys or Girls Team                       | BOYS GIRLS | BOYS GIRLS | BOYS GIRLS | BOYS GIRLS | BOYS GIRLS | BOYS GIRLS | BOYS GIRLS | BOYS GIRLS |
| Level of Play<br><small>Please Select One</small> | A B C      | A B C      | A B C      | A B C      | A B C      | A B C      | A B C      | A B C      |
| Girls Program Number                              | 4400       | 4405       | 4410       | 4415       | 4420       | 4425       | 4430       | 4440       |
| Boys Program Number                               | 4000       | 4005       | 4010       | 4015       | 4020       | 4025       | 4030       | 4045       |

**COACH INFORMATION**

*(This information MUST be completed legibility or registration will NOT be accepted)*

Head Coach: \_\_\_\_\_  
Full First Name Middle Initial Last Name

Certification Number: \_\_\_\_\_ Date of Background: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MD Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ Date of Background: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**TEAM NOTES:** *Please list ALL conflicts that may affect team play. There is NO guarantee that a conflict can be avoided.*

**OFFICE USE ONLY**

FEE PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_ Receipt # \_\_\_\_\_