



MERRITTING ATTENTION BASKETBALL CLUB

AAU REGISTRATION

Student's Full Name: _____ Gender: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ School: _____ Grade: _____

Ethnicity: _____ Allergies: _____ Medications: _____

Mother's Name: _____ Phone #: _____ Email: _____

Father's Name: _____ Phone #: _____ Email: _____

(circle one) Uniform Size: Youth: XS S M L XL (circle one) Adult: S M L XL 2XL 3XL 4XL (No 1/2 sizes) Sneaker Size: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Home #: _____

Work #: _____ Cellular #: _____ Email: _____

Health Insurance Provider: _____ Policy Number: _____

Name of Primary Care Physician: _____ Phone Number: _____

CONSENT TO USE NAME AND PHOTOGRAPH

By signing below, applicant, parent, or guardian hereby gives permission to the above-named individual to participate in activities with **MERRITTING ATTENTION BASKETBALL CLUB**. Further, in consideration of the privilege to participate, applicant and parent/guardian by signing below hereby gives consent to use at the discretion of **MERRITTING ATTENTION BASKETBALL CLUB** all media or photo's taken of the above named applicant in connection with **MERRITTING ATTENTION BASKETBALL CLUB** together with such applicant's name.

RELEASE FROM LIABILITY

I, the undersigned, hereby release **MERRITTING ATTENTION BASKETBALL CLUB** and all persons associated with this basketball event in any capacity, from any liability due to injuries etc. that may occur as a result of my attendance and/or participation in the above mentioned program or event.

Further, in consideration of the privilege to participate, applicant, parent, or guardian hereby release **MERRITTING ATTENTION BASKETBALL CLUB** and its staff, volunteers, director's and assignors from any and all liability, loss, damages, cost, claims, and/or causes of action, including, but not limited to, bodily injury, including transportation to or from activities, that either of us may have arriving out of the above-named applicant in the **MERRITTING ATTENTION BASKETBALL CLUB**.

I have read, understand and agree to abide by the rules associated with this event and assume all responsibility and any associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to compete at said **MERRITTING ATTENTION BASKETBALL CLUB ACTIVITIES**.

STUDENT'S NAME (Print): _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____
(Required under 18 years of age)

****For Office Use Only****

Method of Payment: Cash / Check or Money Order / Credit Card

Membership Fee: \$350.00 AAU Program Fee
\$14.00 AAU Membership Card

Amount Paid: _____ Balance Due: _____

Received By: _____ Date: _____

MC/Visa/Amex (Circle One)
Acct #: _____/_____/_____/_____
Exp. Date ____/____/____ CID# _____
Print Name _____
Signature _____ Date _____