

# Coaches Form



## **AAU BASKETBALL LEAGUE REGISTRATION**

Team Name: _____		High School: _____	
Coaches Full Name: _____		Grade: _____	
Birthdate: ____/____/____	Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone: _____
Address: _____		City: _____	State & Zip: _____
Head Coaches E-mail: _____			
<b>Assistant Coach Information</b> <b>*One Assistant Coach can sit on the bench during games</b>			
Coaches Name: _____	Middle Name or Initial: _____	Last Name: _____	Birthdate: _____
Address: (if different from above) _____		City: _____	State & Zip: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone: _____	Work Phone: _____	Cell Phone: _____	E-Mail Address: _____

**Team Jersey Color: (Circle One)**

- |              |           |
|--------------|-----------|
| Black        | Purple    |
| Scarlet Red  | Baby Blue |
| Royal Blue   | Gold      |
| Navy Blue    | Green     |
| Cardinal Red | Maroon    |

**Head Coach and Assistant Coach Fees:**

\_\_\_\_\_ \$ 14 Each Coaches Fees (Includes AAU Card)

\_\_\_\_\_ \$ 10 AAU T-shirt (**Optional**) Size: \_\_\_\_\_

\_\_\_\_\_ \$ Total Due (Please make checks out to the Treasure ValleyYMCA)

**Please send all Registration Forms and Checks to:**  
**Homecourt YMCA / ADA County AAU**  
**936 W. Taylor St. Suite 104**  
**Meridian, ID 83642**

**Release of Liability**

I approve this registration and certify that the participant is capable of such an experience. The Treasure Valley Family YMCA provides many recreational activities to the public. YMCA participants understand that recreational activities do involve inherent risks which are beyond the control of the Treasure Valley Family YMCA, their staff, volunteers and members. We do understand that upon using the facility and/or services that we hereby assume all risks for the behavior, actions, and safety of myself, my minor child or children while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in said activities. In case of accident or illness, the YMCA is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the parents immediately. I have read and understand this agreement and release of liability, and do voluntarily agree. I give the YMCA permission to utilize pictures of me and/or my family in YMCA marketing, promotions, and print media.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Office Use Only:</b>				
Date: _____	Fee Paid: _____	Staff Initials: _____	AAU#: _____	Asst. AAU # _____