



Player Form



AAU BASKETBALL LEAGUE REGISTRATION

Team Name: _____	Coach's Name: _____
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Participant's Full Name: _____	Grade: _____
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Birthdate: ____/____/____	Age (when league starts): _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone: _____
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Address: _____	City: _____	State & Zip: _____
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School Presently Attending: _____	High School Attendance Area: _____
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For all participants under the age of 18, a parent or guardian must fill out the section below as well as sign the Program Waiver at the bottom of the page.

Parent/Guardian Name: _____	Middle Name or Initial: _____	Last Name: _____	Birthdate: _____
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Address: (if different from above) _____	City: _____	State & Zip: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Home Phone: _____	Work Phone: _____	Cell Phone: _____	E-Mail Address: <input type="checkbox"/> I do not want to receive YMCA emails
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Jersey Size: (Circle One) YL AS AM AL XL Jersey Number: _____ • NO JERSEY WITH NUMBERS 6,7,8, OR 9 (EXAMPLE: 25 IS OK, 26 IS NOT)	Shorts Size: (Circle One) YL AS AM AL XL
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_____ \$ 115 Player Fees (Includes Uniform & AAU Card)	
_____ \$ 10 AAU T-shirt (Optional) Size: _____	
_____ \$ Total Due (Please make checks out to the Treasure Valley YMCA)	

**Please give checks to your Head Coach.
Thank you for participating in AAU Basketball**

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.

Parent/Guardian Signature: _____

Date: _____

Date: _____	Fee Paid: _____	Office Use Only: Staff Initials: _____	AAU#: _____
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