



## In the Zone Basketball Club AAU Registration Form

Name \_\_\_\_\_ - M / F

Parents' Names \_\_\_\_\_

DOB \_\_\_\_\_ Grade: \_\_\_\_\_ Position \_\_\_\_\_

Do you play another spring sport? \_\_\_\_\_

Do you plan on playing on another AAU team? \_\_\_\_\_

School/Organization \_\_\_\_\_

2009-2010 winter team: \_\_\_\_\_ Experience \_\_\_\_\_ yrs

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parents Cell Phone \_\_\_\_\_

Parents' E-Mail (s) \_\_\_\_\_

Any Special Requests? \_\_\_\_\_ Do you have medical Insurance? yes / no

Emergency Contact Information (Other than listed above): \_\_\_\_\_

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**Consent and Waiver:**

I certify that my son/daughter \_\_\_\_\_  
has had a physical examination by a licensed physician within the last year and is in adequate physical condition for participation in athletics.

In my, or another legal guardian's absence, I authorize the staff of In the Zone to act for me to their best judgment in situations requiring first aid or medical attention.

I understand participation in athletics has certain inherent risks and assume responsibility for those risks. I waive and release In the Zone and those teaching/assisting/coaching in the program from any and all liability for any injury my child might incur while participating in the training program. I also understand that I am responsible for payment of medical bills associated with any injury incurred while at In the Zone. ***I also understand the policies of In the Zone Basketball Club's AAU program to as set forth in the AAU Brochure.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

OFFICE USE ONLY: Tryout fee pd \_\_\_\_\_ Registration fee pd \_\_\_\_\_ Uniform Deposit recd \_\_\_\_\_