



In the Zone Basketball Club
AAU Registration Form

Name _____ M / F

Parents' Names _____

DOB _____ Grade: _____ Position _____

Do you play another spring sport? _____ Special Requests? _____

School/Organization _____

2008-09 winter team: _____ Experience _____ yrs

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

E-Mail _____

Shirt Size _____ Shorts Size _____ Preferred ##s _____

Emergency Contact Information: _____

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



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AAU Program Registration Form

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