



AAU Registration Form 2018

Name _____ Grade as of 10/1/2017 _____ M / F

Date of Birth _____ Age on 8/31/18 _____ Position _____

2017-18 Winter Team _____

Most Likely High School to Attend _____

Have you played AAU Basketball before? _____ Years? _____ Club? _____

Parents' Names _____

Address _____ City _____

State _____ Zip _____ Best Phone Number _____ Next best # _____

Best Email(s) _____

Please re-write email _____

Team Option Preference: please indicate preference with #1 as top choice, #2 as second, etc.

_____ Platinum (National/elite team, high time/travel commitment)

_____ Attack (Regional team, travel within 2 hours)

At this point, Do you want to play College Basketball? _____ Level: Div 1, 2, 3, Juco, Any (Circle)

Top 3 jersey number requests _____

Any Special Requests? (certain coach, certain teammates, etc. If requesting specific teammates, all parties need to have same request, no guarantees requests will be met) _____

Emergency Contact Info (other than listed above) _____

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 the best of their 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/coaching/assisting in the program from any and all liability for any injury my child might incur while participating in the training program. I also understand I am responsible for payment of medical bills associated with any injury incurred while at In the Zone. I understand the policies of In the Zone's AAU program to as set forth in the AAU brochure.

Signature of Parent/Guardian) _____ Date _____