

SAINTS BASKETBALL ADIDAS TEAMS REGISTRATION FORM

APPLICANT INFORMATION

Player's Name:			
Date of birth:	Grade/Year	Phone:	
Current address:	City:	State:	ZIP Code:

PARENT / GUARDIAN INFORMATION

Parent Name:		
Address:	Cell Phone:	
City:	CA	ZIP Code:
E-mail:	Home Phone:	

EMERGENCY CONTACT (IF DIFFERENT FROM ABOVE)

Name:	
Relationship:	Phone:

MEDICAL INFORMATION

Medical Insurance Carrier:	Insurance No.
Medical Concerns:	Allergies: Other:

PARTICIPATION FEES DUE @ SIGNUP (All fees payable to "SAINTS")

2017-2018 ARIZONA TEAMS CHOOSE ONE:	2017-2018 DALLAS TEAMS CHOOSE ONE:	2017-2018 LAS VEGAS TEAMS CHOOSE ONE:
LADY SAINTS 11U/6 12U/7 13U/ 8 th 15U 17U SAINTS 17U/SB2019 16U/SB2020 15U/SB2021 14U/2022 13U/2023 12U/2024 11U/2025 10U/2026 9U/2027	LADY SAINTS 11U/6 12U/7 13U/ 8 th 15U 17U SAINTS 17U/SB2019 16U/SB2020 15U/SB2021 14U/2022 13U/2023 12U/2024 11U/2025 10U/2026 9U/2027	LADY SAINTS 11U/6 12U/7 13U/ 8 th 15U 17U SAINTS 17U/SB2019 16U/SB2020 15U/SB2021 14U/2022 13U/2023 12U/2024 11U/2025 10U/2026 9U/2027

Team Quarterly Participation Fee: \$500 Due: on the 1st of September, December March & June, UNIFORMPACK Fee: \$150
 MANDATORY TEAM CAMP: \$350 TOURNAMENT FEES :TBD

Our fees cover the expense of providing your child with a first class experience. Rates are non negotiable
 TRAVEL EXPENSES ARE RESPONSIBILITY OF THE FAMILIES

Waiver and Disclaimer

On behalf of my minor child, I hereby apply for his/her participation in the AMATEUR ATHLETIC UNION (AAU) Saints Basketball program. I hereby warrant that both myself and my child are familiar with the risks associated with participation in an active sport such as basketball; furthermore, I warrant that my child is in good health, has no condition or defect which would interfere with his/her participation. I warrant that, my child is active, in good health, and anxious to play basketball. I do hereby agree and consent to my child's participation in AMATEUR ATHLETIC UNION (AAU, Saints Basketball during the current season, and also assume all risks and hazards which are incidental to the conduct of the activities. I hereby release, absolve, indemnify and hold harmless AAU League, Saints Basketball, 2KR Sports, its officers, directors, employees, agents and any of them, their sponsors, organizers, and supervisors of any and all liability or damage, injury, or expense of any kind arising out of, or connected with, my child's participation in AMATEUR ATHLETIC UNION (AAU) Saints Basketball. I further understand that in case of a medical emergency, my own personal medical plan, if I have one, will be used for any and all medical needs. Participation in competitive athletics may result in serious injury. It is impossible to TOTALLY eliminate such occurrences from competitive sports. Players can reduce the risk of serious injury by obeying safety rules, following a proper conditioning program, and maintaining their equipment properly.

EVEN IF ALL THESE REQUIREMENTS ARE MET AND EVEN IF THE ATHLETE IS IN EXCELLENT PHYSICAL CONDITION WITH PERFECT EQUIPMENT, SERIOUS ACCIDENT MAY STILL OCCUR. AS A CONDITION OF PARTICIPATION WITH THE SAINTS BASKETBALL. I ACKNOWLEDGE THAT I READ THIS CONSENT FORM AND KNOWINGLY, ON BEHALF OF MY CHILD, ASSUME ALL THE RISKS ASSOCIATED WITH PARTICIPATING IN ANY WAY IN THE SAINTS BASKETBALL PROGRAM.

FINANCIAL RESPONSIBILITY AGREEMENT

Parent/Guardian must pay all fees in advance of season or make satisfactory payment arrangements. If a student/player is not paid in full or current in the payment plan, he/she will not be allowed to play in tournaments. Additionally, he/she may be dropped from the team and their spot on the team's roster filled by another player **NO REFUNDS WILL BE GIVEN FOR ANY REASON. ALL FEES ARE DUE IN FULL REGARDLESS OF HOW MUCH YOUR CHILD PARTICPATES.**

 Print Parent or Legal Guardian's Name

 Parent or Legal Guardian's Signature

 Date