

REGISTRATION FORM

- Registration Fee = \$1,495.00
- Fee Includes:
 - Uniform Package
 - Reversible Jersey
 - Reversible Shorts
 - Shooting Shirt (long sleeve and short sleeve)
 - Hoody
 - Backpack and Socks
 - Coaches Fees
 - Practice Fees
 - Tournament Fees
- AAU with Extended Benefits Coverage; the Membership Card will need to be purchased separately for \$16.00

IMPORTANT: All players must be AAU members to participate. Go to www.AAUsports.org to purchase \$16 membership. Please bring copy of the AAU Extended Benefits Membership Card to your first practice.

TOTAL: _____ (Personal checks payable to: BACKCOURT HOOPS)

Payment due at the first practice your player attends following acceptance into the program.....

REQUIRED INFORMATION

PLAYER NAME: _____

BIRTH DATE: (mm.dd.yyyy) _____ GRADE: _____ AGE: _____

PLAYING EXPERIENCE: YMCA: _____ UPWARD: _____ OTHER: _____

ADDRESS: _____

CITY/ZIP: _____ PLAYER CELL PHONE: _____

PARENT / GUARDIAN #1 NAME: _____ CELL PHONE: _____

EMAIL #1: _____

PARENT / GUARDIAN #2 NAME: _____ CELL PHONE: _____

EMAIL #2: _____

PARENTAL CONSENT FORM

The undersigned, being a parent or legal guardian of the child requesting program admittance, does hereby affirm the applicant is in good health, and suffers from no illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclose or approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

The undersigned hereby expressly agrees to be responsible for any medical bills incurred in the treatment of any illness or accident. In the event of any such accident or injury, I hereby consent to the allowing of BACKCOURT HOOPS program supervision to procure any medical treatment deemed advisable on behalf of my child or ward without prior consent. Neither BACKCOURT HOOPS, nor other participating BACKCOURT HOPS facilities provide primary medical insurance.

I understand that, as a condition of admittance as a player, the undersigned, on behalf of all parents, and on behalf of the applicant, hereby releases BACKCOURT HOOPS, all participating BACKCOURT HOOPS facilities, and all other coaches, employees, or agents of the organization from any and all liability from injury or illness, mental or physical, suffered by the player during or related to the program, unless caused by willful act or gross negligence by the person or entity against whom the claim is made.

I also authorize the use of player photos & videos for all business and marketing purposes regarded appropriate by BACKCOURT HOOPS. I understand posting player photos & videos on the worldwide web or social media may involve misuse by individuals outside the organization.

This is the _____ day of _____, 2018.

PARENT / GUARDIAN NAME (Print): _____

PARENT SIGNATURE: _____