



2021 REGISTRATION FORM

- Registration Fee = \$1,695.00
Registration Fee Includes:
Uniform Package
Reversible Jersey, Reversible Shorts, (2) Shooting Shirts (long sleeve and short sleeve), Hoody, Practice gear (shorts and reversible practice jersey, Backpack and Game Socks
Trainer Fees, Coaching Fees, Practice Fees - Gym Rental Fees, Tournament Fees, Administration Fees
AAU with Extended Benefits Coverage; the Membership Card will need to be purchased separately at www.backcourt-hoops.net

Paid? YES NO
Check #
Cash:
CashApp Yes?

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

Payment is due at the first practice following acceptance email we will send to players. (Personal checks payable to: BACKCOURT HOOPS) / we do accept CASHAPP or CASH as well.

REQUIRED INFORMATION

PLAYER NAME:

BIRTH DATE: (mm/dd/yyyy) GRADE: AGE:

PLAYING EXPERIENCE: YMCA: UPWARD: OTHER Programs:

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 unsigned, 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 HOOPS 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. We do not offer any REFUNDS for any reason.

This is the day of , 2021.

PARENT / GUARDIAN NAME (Print):

PARENT SIGNATURE: