



# MERRITTING ATTENTION BASKETBALL CLUB

## AAU REGISTRATION

Student's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ School: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cellular #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Family Hospitalization Plan: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### CONSENT TO USE NAME AND PHOTOGRAPH

By signing below, applicant, parent, or guardian hereby gives permission to the above-named individual to participate in activities with **MERRITTING ATTENTION BASKETBALL CLUB**. Further, in consideration of the privilege to participate, applicant and parent/guardian by signing below hereby gives consent to use at the discretion of **MERRITTING ATTENTION BASKETBALL CLUB** all media, or photo's taken of the above named applicant in connection with **MERRITTING ATTENTION BASKETBALL CLUB** together with such applicant's name.

### RELEASE FROM LIABILITY

I, the undersigned, hereby release **MERRITTING ATTENTION BASKETBALL CLUB** and all persons associated with this basketball event in any capacity, from any liability due to injuries, etc... that may incur as a result of my attendance and/or participation at the above specified event.

Further, in consideration of the privilege to participate, applicant, parent, or guardian hereby for ourselves, our heirs, executors and administrations release **MERRITTING ATTENTION BASKETBALL CLUB** and it's agents, employee's representative, and assigns from any and all liability, loss, damages, cost, claims, and/or causes of action, including, but not limited to, bodily injury, including transportation to or from activities, that either of us may have arriving out of the above-named applicant in the **MERRITTING ATTENTION BASKETBALL CLUB**.

I have read, understand and agree to abide by the rules associated with this event and assume all responsibility and any associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to compete at said **MERRITTING ATTENTION BASKETBALL CLUB BASKETBALL EVENTS**.

STUDENT'S NAME (*Print*): \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Required under 18 years of age)

**\*\*For Office Use Only\*\***

Method of Payment: Cash / Check or Money Order / Credit Card

Membership Fee: \$350.00

Amount Paid: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Received By: \_\_\_\_\_

MC/Visa/Amex (Circle One)
Acct #: _____ / _____ / _____ / _____
Exp. Date ____ / ____ / ____ CID# _____
Print Name _____
Signature _____ Date _____