



STARTING 5IVE BASKETBALL AAU TEAM TRYOUT REGISTRATION FORM
 (\$20 EVALUATION FEE)

PLAYER INFORMATION

PLAYER NAME:		DATE OF BIRTH:		PLAYER CELL NUMBER:		
ADDRESS:			CITY, STATE & ZIP:			
HOME NUMBER:	AGE ON 9/1/2009:	HEIGHT:	WEIGHT:			
E-MAIL ADDRESS:		GRADE:	SCHOOL NAME:			
PRIOR BASKETBALL EXPERIENCE? <input type="checkbox"/> BEGINNER		<input type="checkbox"/> INTERMEDIATE		<input type="checkbox"/> ADVANCE		
CITY:	LEAGUE:	SCHOOL:	AAU:			
POSITION(S)	ARE YOU A 2009 AAU MEMBER? Y <input type="checkbox"/> N <input type="checkbox"/>	AAU MEMBER NO.:	JERSEY SIZE:	JERSEY #:	SHORT SIZE:	SHOE SIZE:
YOUTH JERSEY AND SHORTS:		<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	(IF UNSURE CHOOSE LARGER SIZE)
ADULT JERSEY AND SHORTS:		<input type="checkbox"/> XS	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL

PARENT/LEGAL GUARDIAN INFORMATION

FATHER'S NAME:		FATHER'S E-MAIL ADDRESS:	
FATHER'S WORK NUMBER:	FATHER'S CELL NUMBER:	FATHER'S HOME NUMBER:	
MOTHER'S NAME:		MOTHER'S E-MAIL ADDRESS:	
MOTHER'S WORK NUMBER:	MOTHER'S CELL NUMBER:	MOTHER'S HOME NUMBER:	
ADDITIONAL CONTACT NAME & NUMBERS:			

I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT AS MAY BE DEEMED APPROPRIATE UNDER EXISTING CIRCUMSTANCES BY MEDICAL PERSONNEL OR PERSONNEL ASSOCIATED WITH THE STARTING 5IVE. I DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE STARTING 5IVE OWNERS OF FACILITIES USED, PARTICIPANTS, AND COACHES FOR ANY AND ALL CLAIMS ARISING OUT OF INJURY TO MY SON. I HEREBY AUTHORIZE THE STARTING 5IVE TO FACILITATE TRANSPORTATION OF MY CHILD TO THE NEAREST HOSPITAL OR ANY OTHER MEDICAL ESTABLISHMENT FOR EMERGENCY TREATMENT IN CASE OF INJURY DURING PARTICIPATION IF PARENTS ARE NOT AVAILABLE. I WILL ASSUME ANY AND ALL FINANCIAL RESPONSIBILITY. ANY PHYSICAL PROBLEMS THAT WE SHOULD KNOW ABOUT YOUR SON: Yes No
 IF ANSWERED YES PROVIDE EXPLANATION _____

PARENT/LEGAL GUARDIAN PRINT NAME: _____ SIGNATURE: _____

DATE: ____ / ____ / ____