

Tryout #: _____
 (To be completed at
 registration)

**NO. ATLANTA GIRLS BASKETBALL CLUB
 REGISTRATION FORM**



| |
|------------------------------|
| AAU # |
| Enter your AAU # in this box |

JOIN AAU ONLINE PRIOR TRYOUTS
 Go to: <http://aaugirlsbasketball.org/Membership/SignUp.aspx>
 Be sure to use Club Code: **XTF88C**

PLEASE PRINT CLEARLY
 (as the name appears on birth certificate)

| | LAST | FIRST |
|--------------------------|--------------------------|---|
| NAME: | | |
| DATE OF BIRTH: | AGE: | HEIGHT: |
| ADDRESS: | | |
| CITY, STATE, ZIP: | | |
| COUNTY: | HOME TELEPHONE: | |
| SCHOOL: | SCHOOL CITY: | GRADE: |
| PARENT(S)/LEGAL GUARDIAN | | |
| PARENT'S EMAIL ADDRESS: | | |
| PARENTS'S CELL NUMBER: | () MOTHER () FATHER | |

PLAYER INFORMATION

| |
|--|
| What is your daughter's Best Position: _____ |
| Does your daughter have Prior Basketball Experience: _____ YES _____ NO |
| If your daughter has played on an AAU/Travel Team, indicate team: _____ |
| ANY PHYSICAL PROBLEMS/MEDICATIONS TAKEN: _____ NO _____ YES If yes, explain below: _____ |

FOR THE PARENTS (Please read carefully)

I, being the parent of the above named girl, hereby give my approval for her participation in any and all North Atlanta Girls' Basketball Club activities including tryouts. I assume all risks and hazards incidental to such participation including transportation to and from the activities: and I do hereby waive, release, absolve, indemnify and agree to hold harmless the North Atlanta Girls' Basketball Club, sponsors, organizers, owners of facilities used, supervisors, participants, and coaches for any and all claims arising out of injury to my daughter except as covered by AAU Insurance, YBOA Insurance or Motor Vehicle Insurance.

I hereby authorize North Atlanta Girls' Basketball Club officials, coaches, assistant coaches, team mothers, or any responsible persons delegated to any of the above to take my child to the nearest hospital or any other accredited medical establishment for emergency treatment in case of injury during practice and/or games if the parents are not available. I will assume any and all financial responsibility. I understand I have a duty to return all uniforms at the end of the season. NO REFUNDS OF FEES ONCE ACCEPTED TO THE CLUB.

PARENTAL PARTICIPATION:

Do you have any prior coaching experience? _____ YES _____ NO
 Would you be interested in a coach position: _____ YES _____ NO
 Would you be interested in being a Team Parent: _____ YES _____ NO

Parent/Guardian Signature: _____ Date signed: _____

You may bring this form with you to a tryout or you can mail it to:
 NORTH ATLANTA GIRLS BASKETBALL CLUB
 36 GREENLAND TRACE
 ATLANTA, GA 30342