



**Hermiston AAU Basketball Club
Player Registration Form**

_____ / / _____
Player Name **Birth Date**

_____ Street Apt.no City State Zip
Player Address **Street** **Apt.no** **City** **State** **Zip**

_____ _____
Home Phone & Cell **Email Address**

_____ Address _____
Parent/Guardian Name **Address** **Home Phone & Cell**

Grade & School as of Sept 1

Current AAU Team /Coach Name

Does this player have any current injuries or minor physical limitations or other medical conditions a coach should know about? Yes _____ No _____ If yes, please list: _____

_____ _____ _____
Medical Insurance Carrier **Physician** **Telephone**

I hereby authorize each of the coaches, team parents and/or other officials of Hermiston AAU Basketball Club to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above named emergency contact to consent to medical, surgical or dental examination and/or treatment.

I acknowledge that participation in basketball necessarily involves travel, contact with considerable force, and risk of severe, permanent physical injury. I willingly and voluntarily accept and assume all such risks.

_____ _____
Parent/Guardian Signature **Date**