



2010-11 HERMISTON AAU BASKETBALL CLUB

PLAYER REGISTRATION FORM

PLEASE RETURN TO COACH WITH REGISTRATION FEE OF \$65.00

Player Name Birthdate Grade on 9/1/10 Male/Female

Player Address *(players be in good standing at a Hermiston School)* City, State, Zip

Home telephone Email address (print neatly)

Current AAU Team/Coach Name School Attending Jersey Size Short Size

Parent/Guardian Name Parent Cell Phone # Parent Cell Phone #

Medical Insurance Carrier/Policy Number Physician Dr. Telephone

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: _____

Emergency Contact Relationship to player Contact Phone Number

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 is basketball necessarily involves travel, contact with considerable force, and risk or severe, permanent physical injury. I willingly and voluntarily accept and assume all such risks.

Parent/Guardian Date