

REGISTRATION FORM -

Player Name _____ Player Email _____

Address _____ City _____ State _____ Zip _____

Age _____ Birth Date _____ Grade _____ School _____

Year Graduating _____ Height _____ Weight _____

Uniform Size: Shirt _____ Shorts _____ Uniform Number Preference _____

Prior Basketball Experience Rec Middle/High School Team AAU

Parents Names: _____

Home Phone (Mother): _____ (Father): _____

Cell Phone (Mother): _____ (Father): _____

Work Phone (Mother): _____ (Father): _____

Email (Mother): _____ (Father): _____

Permission to Participate

I give my child permission to participate in the Maryland Mavericks AAU basketball tryout session(s) and team, if chosen. I understand the physical risks associated with basketball and to the best of my knowledge, state that my child is physically capable to participate.

Waiver

As the parent or guardian of the above-mentioned child, I authorize my child's participation in all activities involving the Maryland Mavericks AAU organization. I assume all risks incidental to such participation both during an activity and en route, and do hereby hold harmless the Amateur Athletic Union (AAU), the Maryland Mavericks organization, and its staff, coaches, volunteers, and participants.

Statement of Insurance

I grant permission for emergency first aid to be administered to my child. My child is covered under the following health insurance:

Insurance Company _____ Policy # _____

Parent/Guardian Signature _____ Date _____