



In the Zone Basketball Club AAU Registration Form

Name _____ - M / F

Parents' Names _____

DOB _____ Grade: _____ Position _____

Do you play another spring sport? _____ Do you want to travel? Y / N

Do you plan on playing on another AAU team? _____

School/Organization _____

2011-2012 winter team: _____ Experience _____ yrs

Address _____

City _____ State _____ Zip _____

Home Phone _____ Parents Cell Phone _____

Parents' E-Mail (s) _____

Any Special Requests? _____ Do you have medical Insurance? yes / no

Emergency Contact Information (Other than listed above): _____

Consent and Waiver:

I certify that my son/daughter _____
has had a physical examination by a licensed physician within the last year and is in adequate physical condition for participation in athletics.
In my, or another legal guardian's absence, I authorize the staff of In the Zone to act for me to their best judgment in situations requiring first aid or medical attention.
I understand participation in athletics has certain inherent risks and assume responsibility for those risks. I waive and release In the Zone and those teaching/assisting/coaching in the program from any and all liability for any injury my child might incur while participating in the training program. I also understand that I am responsible for payment of medical bills associated with any injury incurred while at In the Zone. ***I also understand the policies of In the Zone Basketball Club's AAU program to as set forth in the AAU Brochure.***

Signature of Parent/Guardian _____ Date _____

OFFICE USE ONLY: Tryout fee pd _____ Registration fee pd _____ Uniform Deposit recd _____