



**HERMISTON AAU BASKETBALL CLUB
PLAYER REGISTRATION FORM
PLEASE RETURN TO COACH WITH REGISTRATION FEE OF \$90.00**

Player Last Name First Name Birthdate Grade on 9/1 Male/Female

Player Address *(players must 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 #1/Guardian Name Parent Cell Phone #

Parent #2/Guardian Name Parent Cell Phone #

Emergency Contact Relationship to player Contact Phone Number

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:

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 Date