



**2017-18 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 9/1/17      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