2026-27 HERMISTON AAU BASKETBALL CLUB
PLAYER REGISTRATION FORM
PLEASE RETURN TO COACH WITH REGISTRATION FEE OF $125.00

_____ _____ _____ _____ _____
Player Last Name First Name Birthdate Grade on 9/1/26 Male/Female

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

_____ _____
Telephone Email address (print neatly)

_____ _____ _____ _____
Current AAU Team/Coach Name School Attending Jersey Size Short Size
(*Youth or Adult ~ Small, Medium, Large*)

_____ _____
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