

NC Gaters East AAU Basketball Registration Form

Player Name: _____ School Year (check one) ___ 9 ___ 10

Player Email: _____ Player Cell Phone: _____

Parent/Guardian Information

Father: _____ Phone: _____ Email: _____

Mother: _____ Phone: _____ Email: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information

Name: _____ Telephone Number _____ Relationship _____

Player Information

Date of Birth: _____

Shoots: ___ Right ___ Left Played Basketball Last Season Y N

Years Playing Basketball: _____ Previous Team: _____

Height: _____ Weight: _____ Shoe Size: _____ Shirt Size: _____

Other sports played last year (sport name and team level)

School activities/clubs you are involved in (not including sports)

Will any of these activities conflict with basketball? If yes, what will be your priority, and when is the conflict?

Have you had any academic/behavior infractions in the past year? Describe

Do you have any health restrictions? Describe

Waiver of Liability

I/we, the undersigned, hereby give my/our permission for the child noted above as "Player" to participate in the 2017 Spring/Summer AAU season noted above sponsored by The NC Gaters East. It is understood that participation in this season may result in injury and protective equipment does not prevent all injuries to participants. I do hereby waive, release, absolve, indemnify, and agree to hold harmless The NC Gaters East, volunteers, and participants.

Signature(s): _____ Relationship: _____ Date: _____