

Cheshire County Knights AAU Basketball 2011-2012 Registration Form

This form contains the following information: Player information, emergency contact information, consent to play, and the AAU individual membership form and registration fee structure. Any questions regarding the registration process please contact us through the information listed below.

Player Information:

Plan to play: Fall 2011 – Spring 2012 – Both

Gender: Male - Female

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ Age as of Jan.1 2012: _____

Grade: _____ School/Team: _____ Position: _____

***All articles of clothing are unisex sizes**

Tee Shirt Size: _____ Short Size: _____ Sweatshirt: _____

Prior AAU experience/coach _____

Please list any potential spring conflicts for the player. For instance other sports, church/religious activities, education, vacations, driver's education, etc.

Best days and times to practice: _____

Worst days and times to practice: _____

Parental Information:

Parent/Guardian 1

Last Name: _____ First Name: _____

Street Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Best way to contact _____

Willingness of parent to volunteer in helping the program. Please circle all that apply:

None Assistant Coach Book Keeper at games Tournament Helper Concessions

Help fundraise Assist in finding sponsors Other

Parent/Guardian 2

Last Name: _____ First Name: _____

Street Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Best way to contact _____

Willingness of parent to volunteer in helping the program. Please circle all that apply:

None Assistant Coach Book Keeper at games Tournament Helper Concessions

Help fundraise Assist in finding sponsors Other

Emergency and Health Information

Family Physician _____

Does this player have health insurance? Y or N

Emergency contact person 1 (name and number and relationship)

Emergency contact person 2 (name and number, relationship)

The following is for your information only.

A letter containing this information will be presented to you at the first meeting for signatures

Consent:

I hereby give my permission for _____ to participate in AAU basketball during the athletic season. In the event of of an injury or illness to my son or daughter, I hereby grant authority to a qualified physician, emergency technician or coach to render such treatment as deemed necessary under the circumstance.

Parent Signature _____

My child and I are aware that participating in AAU basketball is a potentially hazardous activity. I assume all risk associated with participation in this sport, including but not limited to falls, physical contact with other participants, the effects of weather, traffic, travel, and other reasonable risk conditions associated with the sport and program. All such risks to my child are known and appreciated by me.

I understand this consent above and agree to its conditions on behalf of my child.

Parents Signature _____ Date _____

Athletes Signature _____ Date _____

AAU Membership:

By paying the annual membership dues (\$20), I certify that the individual athlete (1) has never been convicted of a felony or sex offense or, if so must apply for membership (and receive approval) through the AAU national office; and that this application is correct in every aspect. The applicant agrees to be bound by the AAU Code, including all AAU policies, which are available for review on the AAU website at www.aausports.org

Parents Signature _____ Date _____

Athletes Signature _____ Date _____

Fee Structure and additional information:

All payments will be due after tryouts upon the individual being placed on team.

\$60 CC Knights Registration Fee: This fee includes a uniform/practice jersey (\$40), and AAU membership fee for the player and the club for the 2011-12 AAU season (\$20). This is a onetime fee for the 2011-12 season.

\$80 Fall Practice Fee: This is a fall expense only (September- November) and covers cost associated with practices (facilities, etc.) for the fall season.

Fall Tournament Fees: To Be Determined (generally, tournament fee's will be approximately \$50 per tournament.

Please note: Spring 2012 AAU cost will be a one-time fee to include practice and tournament fees. Uniform and AAU membership fee's only accrue once per year (August-August). For example, if you pay for the fall, you will only be responsible to pay the practice fee and tournament fee in the spring.

Return this form to: Email: ccknightsorg@gmail.com Mail: Eric Matte 7 Barrett Ave. Keene, NH 03431

Further questions email: ccknightsorg@gmail.com