

# Cheshire County Knights AAU Basketball Spring 2010 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:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of Jan.1 2010 \_\_\_\_\_

Grade \_\_\_\_\_ School/Team \_\_\_\_\_ Position \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact \_\_\_\_\_

**Willingness of parent to volunteer for 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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_ Email: \_\_\_\_\_

**Willingness to volunteer for in helping the program Please circle any 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 \_\_\_\_\_

Do 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) \_\_\_\_\_

### ***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](http://www.aausports.org)

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletes Signature \_\_\_\_\_ Date \_\_\_\_\_

### ***Fee Structure and mailing information:***

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

**\$20 CC Knights Registration Fee** – this includes AAU registration fee for the player and the club for the 2010 AAU season. This covers Registration fee for AAU from August 2009 through August 2010. If the player registered and played fall ball, this potentially could have been paid already.

**\$100 Practice Fee:** This covers cost associated with practices (facilities, etc.)

**Tournament Fees-** To Be Determined (generally, tournament fee's will be approximately \$50 per tournament, which will be decided upon during the season of play).

**Mail this registration form to:** Eric Matte 7 Barrett Ave. Keene, NH 03431  
Additionally, there will be a drop in registration and question answer session on February 17 from 6-8pm at the Recreation Center in Keene.

The Cheshire County Knights is proud to focus on the following areas:

- The fundamentals of the game of basketball, including shooting, passing, dribbling and competitive game experience.
- Working together as team and individually to be successful

- Confidence, self esteem building, and having a positive life experience

Further questions can be answered by calling Coach Matte at 352-6618