AAU 2011 FALL LEAGUE BASKETBALL REGISTRATION

REGISTRATION MUST BE RECEIVED BY SEPTEMBER 3, 2011

$150 FOR COUNTRYSIDE STUDENTS, $175 FOR ALL OTHERS

1) Grade as of Sept.1st, 2011 ☐☐ Division ________ **To be filled in by AAU Staff** ☐☐ ☐☐ ☐☐ **Date Received**

2) Last Name ____________________ ________ **Staff Initials**

4) First Name ____________________ 3) Male Female (Circle One)

5) Birthdate ☐☐ month ☐☐ day ☐☐☐☐ year

6) Street ____________________

7) City ____________________ 8) ZIP ☐☐☐☐☐

9) Parents/ Guardians ____________________

10) Phone(s) ☐☐☐ ☐☐☐ ☐☐☐☐ Where you can be contacted by coaches or the AAU Staff for information for your child

11) Email ____________________

12) Night you absolutely cannot practice (Circle any that apply) M T W TH F
We will do our best to accommodate, but no guarantee

13) Uniforms - League will provide jersey

Shirt size (Circle One)						
	Youth -	Small	Medium	Large		
	Adult -	Small	Medium	Large	X-Large	2-XL

If nothing is circled a random size will be provided for your child

14) Payment: Amount $________ Cash Check (circle one) Check # ____ Combined with another child? no yes

Make check payable to: BALLER FACTORY BASKETBALL CMS Student? No Yes

15) Legal Permission

This hereby certifies that I, the parent or legal guardian of the above-named participant, grant permission for him/her to participation in any and all team activities during the 2011 season. I authorize the adult manager/coach to obtain medical care from any licensed physician, hospital or medical clinic for the above-named participant at such times that the parent of legal guardian cannot be contacted in person or by telephone. This authorization includes all program activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, AAU, UCBA, Countryside Montessori, the organizers, supervisors, participants and persons transporting the participant to and from those activities for any claim arising out of any injury to the participant of for any other claim or action arising out of negligence or otherwise, except to the extent and in the amount covered by accident/liability insurance.

________________________ Sign ____________ Date

16) YOUR REGISTRATION WILL NOT BE PROCESSED IF # 15 IS NOT SIGNED.

Mail to: University City Basketball Assn., Inc. POBox 480655 Charlotte, NC 28269

The University City Basketball Assn., Inc., provides a safe haven for children and complies with all federal, state and local laws, ordinances and regulations pertaining to the protection of children. UCBA is required to and shall report to the appropriate authorities any suspected cases of child abuse, neglect or abandonment consistent with state and federal law

Refunds will be processed within 30 Days, no refund after jerseys have been ordered.