

TOMS RIVER STARZ GIRLS AAU BASKETBALL

-A Member Club of the Amateur Athletic Union (AAU)-

REGISTRATION/WAIVER FORM

ATHLETE'S NAME: _____

ADDRESS: _____
Street

City State Zip

COUNTY: _____ **SS#:** _____

EMAIL: _____

PHONE # _____ **DATE OF BIRTH:** _____

COPY OF BIRTH CERTIFICATE: _____ **YES** _____ **NO**

SCHOOL: _____

PARENTS FULL NAMES: _____

PARENTS WORK #: (1) _____ (2) _____

MEDICAL COVERAGE: _____ **YES** _____ **NO**

INSURANCE COMPANY: _____

I hereby give permission for the above-named athlete to participate in the TOMS RIVER STARZ team try-out and to participate as a team member should she be chosen for the team. I also agree that the TOMS RIVER STARZ AAU Basketball, the practice facilities and their board members, staff, etc., will not be held liable for any injury or loss as a result of this participation. It is also agreed that the rules and guidelines as established by the TOMS RIVER STARZ AAU Basketball will be strictly adhered to.

X _____
Parent or Legal Guardian signature Date