

**AAU Membership
Athlete Membership
\$14.00**

E-mail Address: _____

First name: _____

Middle name or initial: _____

Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone number: _____

Birthdate: _____ Age: _____

Male: _____ Female: _____

Do you have personal health insurance: Yes: _____ No: _____

School District: _____

Grade in school: _____

Mother's name: _____

Father's Name: _____

****If parents are not together and both want information from AAU and the coaches, please list the separate addresses and telephone numbers for the parent the child is not living with:

Please list any information that the coaches need to know such as any health issues or any pertinent information that needs to be included.

This form needs to be completed , a COPY of the athletics birth certificate and a check for \$14.00 made out to PA Blue Thunder.