

# PA BLUE THUNDER BASKETBALL CLUB

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

## REGISTRATION/WAIVER FORM

ATHLETE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address

City

State

Zip

COUNTY: \_\_\_\_\_ SS#: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

COPY OF BIRTHCERTIFICATE: \_\_\_\_\_ YES \_\_\_\_\_ NO

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENTS FULL NAME(S): \_\_\_\_\_

PARENTS WORK #: (1) \_\_\_\_\_ (2) \_\_\_\_\_

MEDICAL COVERAGE: YES \_\_\_\_\_ NO \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

I hereby give permission for the above-named athlete to participate in the PA BLUE THUNDER Basketball Club's team try-out and to participate as a team member should she be chosen for the team. I also agree that the PA BLUE THUNDER Basketball Club, 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 PA BLUE THUNDER Basketball Club will be strictly adhered to.

X \_\_\_\_\_  
Parent or Legal Guardian Signature Date

FOR CLUB USE ONLY			
Try-Out Number Assigned	No. _____	_____ Cash	_____ Check
Try-Out Fee Paid	Amt. <u>\$15.00</u>		(Check No. _____)