GRINDVILLE YOUTH BASKETBALL

Player Registration Form

DvilleDreamz.org

Phone: 770-588-7657

GrindvilleAcademy@gmail.com

PLAYER INFORMATION - Please Print Legibly

PLAYER INFO

2024 *AAU*

First: ***Last:*** **Phone:**

2023 - 2024 Grade: ***Age:***

***Address: City,* State, Zip Code:**

(Please Circle) Youth Uniform Size: XS_____ S_____ M_____ L _____XL_____

Experience Playing Basketball: Beginner_____ 1 - 2 Season_____2 - 3 Season_____4-5 Seasons or More_____

ATTENTION: The 2024 Grindville AAU season is –MARCH THRU JULY-The registration fee is $700; the fee can be split into two payments of $350 each. The 1st $350 payment is due by **2/1/2024**. The remaining $350 payments is due by **3/1/2024**.

* Uniforms will be issued in February; after the initial down payment $350 has been submitted*****

****The fee includes; strengthening basketball IQ , training and development , AAU game registration fees, uniform, & 1 out of state tournament.****

*** Practices times and location TBD***

*****We ask that parents and players participate in at least 1 fundraiser throughout the 2024 season, funds raised will cover players out of state expenses, such as food, lodging & transportation for the final AAU out of state tournament.

(Please send players name with payments to 678-908-1390 / Payments Accepted: Cash / Cash-App / Zelle / Venmo / Apple -Pay)

PARENTS INFO

Father/Guardian Name:_____ **Mother/Guardian Name:**_____

Father Cell Phone: _____ **Mother Cell Phone:**_____

Father/Guardian E-mail:_____ **Mother E-mail:**_____

Person to notify in emergency (when parent cannot be reached) Name:_____ **Phone:**_____

List any medical condition or allergies:_____

Health Insurance Company:_____ **Telephone** _____

Policy Holder Name:_____ **Policy Number:**_____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER: I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or Doctor of Medicine or dentistry or associated personnel provide the participant with medical assistance and/or treatment and agree to be financially responsible for injury based on information provided herein. I hereby authorize emergency transportation of the applicant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with basketball, and hereby release, discharge, and otherwise indemnify Grindville, their sponsors, employees and associated personnel of these organizations, against any claim by or on behalf of the basketball player named above; as result of the player's participation in the Grindville basketball program. I do hereby authorize transportation to or from facilities.

Signature:_____ **Date:**_____

GRINDVILLE RELEASE: I, the parent/guardian of the above-named child for a position on the Grindville Basketball team, I agree that the registrant and I will abide by the rules of the Grindville Basketball team. I hereby agree that Grindville, its members, coaches, staff or officers shall not be held liable for any injury or loss which my child may sustain while participating in activities sponsored by or under the supervision of Grindville, and I agree to indemnify and hold harmless Grindville, its members, coaches, officers, sponsors, and their employees or associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim whatsoever.

Signature:_____ **Date:** _____