

Chico Blazin Heat

Amateur Athletic Union (AAU)

Girls/Boys Basketball

MEMBERSHIP FORM

Last Name _____ First Name _____ Initial _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Birth date _____

Father's Name _____ Email _____

Business Phone _____

Mother's Name _____ Email _____

Business Phone _____

List any medical problem or playing limitation player has _____

Person to notify in emergency _____

Phone _____

Doctor to notify in emergency _____

Phone _____

Number of prior seasons played _____ Height _____

School _____ Grade _____

I, the parent/guardian of the above-named player, a minor, agree that the player shall abide by the rules and regulations of the Amateur Athletic Union (AAU) organization, the Pacific Amateur Athletic Union (PAAU) and the Chico Blazin Heat Basketball Club. I, for myself and the player and their respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify the AAU, PAAU, the Chico Blazin Heat Basketball Club/organization, its

coaches, assistants, the owners and operators of the facilities used for the programs and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages, or causes of action arising out of or in connection with the players participation in the Programs including, without limitation, players transportation to/from any program, which transportation is hereby authorized. I further grant the Chico Blazin Heat Basketball Club parties, the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the programs provided such use is related to the player's status as a participant in the programs.

Name of Parent/Guardian _____ Date _____

Signature _____

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above-named player, when a parent/guardian is unavailable, I hereby give consent for emergency medical/hospital care, including necessary transportation or other arrangements as is deemed appropriate by Chico Blazin Heat Basketball Club representative in event of accident or emergency. The undersigned parent/guardian fully understands he/she is responsible to pay all costs incurred as a result of the foregoing.

Signature _____ Date _____