

ENTIAT AAU YOUTH BASKETBALL 2015-2016

Our basketball program will run for grades K-6 from mid Dec. to end of Jan. with games on Saturdays in Chelan.

- Cost for 3rd-6th is \$35 for first child and \$25 for each additional child. (a discount of \$10 is given to children with a current AAU card from Soccer)
- Cost for K-2nd is \$25 this will be for instructional clinics and intramural games. (a discount of \$10 is given to children with a current AAU card from Soccer)

If the fee is a burden on your family please contact Entiat AAU.

Registration deadline is Nov. 18, 2015. Registrations will not be accepted after this date or without money attached. Mail form and money to address below or drop off in elementary office. If you choose to drop the form & money off at the office, PLEASE put it in an envelope or staple the money to the form.

Please send this form and check/money order to: Entiat AAU
PO Box 601
Entiat, WA 98822

PARTICIPANT INFORMATION:

Last Name: _____ First Name: _____ D.O.B: _____

Age: _____ (on Aug 31st) Gender: M F Grade: _____

Mailing Address: _____ City: _____ Postal Code: _____

Home Phone: (_____) _____ Work/Cell Phone: (_____) _____

Shirt Size: (circles one) **Youth:** Small Med Large **Adult:** Small Med Large XLarge

Programs such as these rely on a lot of volunteers!! If you would be able and willing to help out PLEASE LET US KNOW!! If you would be willing to coach please email entiataau@yahoo.com or call Courtney at (509) 670-9213.

Medical Release Form

Participant: _____ has my permission to participate in the Entiat AAU Youth Basketball program. I the undersigned, parent/guardian, assume all risks and hazards incidental to participating in this activity and do hereby authorize the identified representative of the Entiat AAU program to obtain such medical diagnostic services as may be deemed necessary. **Emergency treatment of a life threatening condition is authorized.** Telephone contact for management of all serious conditions will be attempted if possible.

Any medical problems: **YES or NO** If YES please explain:

Allergies: **YES or NO** If YES please explain:

Doctor: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Coaches will keep this document with them at all games and practices.

Entiat AAU contact information: Website: www.entiataau.com Email: entiataau@yahoo.com Phone: 509-670-9213