

## ENTIAT AAU YOUTH BASKETBALL 2016-2017

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

- Cost for 3rd-6<sup>th</sup> 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-2<sup>nd</sup> 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. 10, 2016. 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. Please only include exact change and be sure that your fee and registration are in an envelope or attached so that they don't get separated.**

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 31<sup>st</sup>)    Gender: M F    Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Shirt Size: (circle 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 or are interested in sponsoring please email entiataau@yahoo.com or call (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: \_\_\_\_\_

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](http://www.entiataau.com) Email: [entiataau@yahoo.com](mailto:entiataau@yahoo.com) Phone: 509-670-9213