

ENTIAT AAU YOUTH BASKETBALL 2019-2020

Our basketball program will run for grades Pre-K-6 grade from Dec. to end of Jan. Games will be held in Chelan for grades 3rd-6th.

- Cost for 3rd-6th is \$35 (a discount of \$10 is given to children with a current AAU card from Soccer)
- Cost for Pre-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)
*** Each child needs their own registration form.***

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

***Registration deadline is Nov.5, 2019. Registrations will not be accepted after this date or without money attached. Mail form and money to address below.**

Please send this form & registration fee 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: _____ Zip Code: _____

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

Email Address: _____

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:

Parent/Guardian Name (Print): _____

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