

## 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 3<sup>rd</sup>-6<sup>th</sup>.

- Cost for 3<sup>rd</sup>-6<sup>th</sup> is \$35 (a discount of \$10 is given to children with a current AAU card from Soccer)
- Cost for Pre-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)

\* 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 31<sup>st</sup>) 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 entiaatau@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.entiaatau.com](http://www.entiaatau.com) Email: [entiaatau@yahoo.com](mailto:entiaatau@yahoo.com) Phone: 509-670-9213