

PV BALLERZ AAU

BOYS & GIRLS AGES: 10-18

PLAYER REGISTRATION FORM		
PLAYER INFORMATION	Player Name	
	Address	
	Township	
	Home Phone	
	Cell Phone	
	Email	
SCHOOL INFORMATION	School	
	Grade	
	Date of Birth	
PARENT INFORMATION	Mother's Name	
	Cell Phone	
	Email	
	Father's Name	
	Cell Phone	
	Email	
EMERGENCY CONTACT INFORMATION	Name	
	Cell Phone	
	Relationship to Player	

PLAYER REGISTRATION FORM

PHYSICIAN INFORMATION	Physician Name	
	Telephone #	
	Health Insurance	
	Policy #	
	Health Conditions	
	Medications	

HEALTH ACKNOWLEDGEMENT	<p>My child _____ is in good health. He/She has been seen by a physician and has had all the necessary physician's check-ups and vaccines required to participate in sports, for his/her age. I understand that in any sport there is risk of personal injury. I will not hold PV Ballerz or Pleasant Valley Schools responsible for any bodily injury that may occur while my child participates in this sports program.</p> <p>_____</p> <p>Reviewed by Parent/guardian Date</p>
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UNIFORM /TEAM <small>(Circle where appropriate)</small>	Gender	Male	Female						
	Age	10U	11U	12U	13U	14U	15U	16U	17U
	Jersey Size	Adult: S	M	L	XL	2XL	3XL		
	Short Size	Adult: S	M	L	XL	2XL	3XL		
	Jersey #	1 st choice: _____. 2 nd choice: _____. 3 rd choice: _____.							

PAYMENT	<p>Cash, Checks or Money orders accepted. Checks payable to: PV Ballerz</p> <p>Returned Check Fee of \$35</p> <p>Non-Refundable Fee of \$385 includes:</p> <ul style="list-style-type: none"> ✓ Out of State Tournaments ✓ Local Tournaments ✓ AAU Membership
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PLAYER REGISTRATION FORM

I/We, the parent(s)/guardian(s) of the above minor participant do hereby grant permission for him/her to participate in the PV Ballerz Basketball Program. IN CASE OF AN EMERGENCY, I understand that every effort will be made to contact me, my spouse, or next of kin. In the event I cannot be reached, I hereby give permission to the licensed physician/health-care practitioner selected by the adult leader in charge to secure the proper treatment, including: hospitalization, anesthesia, surgery, medication or injections of medications for my child.

Signature of parent/guardian

Date

CODE OF CONDUCT

All players of PV Ballerz AAU must abide by the rules herein. Any failure to follow rules will result in suspension from practices and/or games. Numerous suspension may lead to permanent dismissal from the program.

1. All players and parents must display good sportsmanship at all times. Players and parents must show respect to coaches, officials, volunteer staff, teammates, and opponents.
2. Any physical altercations will lead to immediate dismissal.
3. Foul language and rude behavior will not be tolerated.
4. Respect the property of PVBallerz and Pleasant Valley schools.
5. All players must have permission to leave premises, while in care of PV Ballerz AAU.
6. All practices are closed, no spectators allowed as per school policy.

Reviewed by Parent

Reviewed by Player

LIABILITY

I _____ parent/guardian of _____ understand that if I am unable to attend competition, it is my sole responsibility to find supervision for my son/daughter, for the entire duration of the tournament. I will not hold PV Ballerz, it's coaches, or any of their staff responsible for the safety or supervision of my child(ren) unless otherwise agreed upon in writing. I am aware that if PV Ballerz has not been informed of my designated chaperone, they will assume that my child is under proper supervision. PV Ballerz will not be held responsible for any negligence on the part of my child's chaperone.