

INDIANA AAU DISTRICT

**GIRLS BASKETBALL TOURNAMENT
Individual Entry Application For Regional and State Competition**

Age Division _____ or Grade Level _____

TEAM _____

ATTACH PHOTO
(recent)

Must be included

PLEASE TYPE OR PRINT CAREFULLY:
OFFICIAL ENTRY (Please complete all information)

Last Name First Name Middle Initial

Street Address County of Residence

City State Zip Code Height

Date-of-birth Age () - Telephone Number School attended Grade

ATHLETE'S RELEASE AND PARENTAL CONSENT:

In consideration of your acceptance of this entry, I intending to be legally bound, do hereby, for myself, the athlete, heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which may have or which may hereafter accrue to the athlete against the Amateur Athletic Union of the U.S., Indiana District AAU, National AAU Sponsor, National AAU Girls Basketball Committee, the Host Organizing Committee, Facility, or any other support group of organization, their respective officers, agents, representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by the athlete in connection with their association of tournament entered, or which may arise out of traveling to or participating in, and returning from said Tournament.

I, or we, grant to the Directors, Assistants or assigned Chaperones of tournament entered to act as guardian/spokesperson in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my/our daughter while en route to or from or at the sites of the Tournament/Championship. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

INSURANCE: AAU athlete membership provides excess medical insurance for any member athlete participating in an AAU sanctioned practice or event. If the athlete has other medical coverage theirs will be applied first, followed by AAU Insurance. If the athlete has no other coverage, the AAU policy becomes primary coverage subject to terms and conditions of the policy. Policy deductible is \$200.00 on Sanctioned Event or Supervised Practice sustained injury.

MUST BE SIGNED: DATE _____

Athlete's Signature

Parent or Guardian Signature

FOR TOURNAMENT USE ONLY:

I certify I am eligible in accordance with the rules of the Amateur Athletic Union to compete in the indicated sport. I clearly understand that by signing this form and/or my participation in AAU sports activities, I assume all risk for any injury resulting there from.

ATHLETE'S SIGNATURE UPON CHECK IN _____