

\* \* **INDIANA AAU ASSN. – Membership Card Application** \* \*  
MAKE CHECKS PAYABLE TO: INDIANA AAU

**PRINT ONLY PLEASE**

Are You Already Covered with Health and Accident Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth	Age	Sex	Date of Application
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**Mail to:**  
**Indiana AAU**  
**1420 Sadlier Circle East Drive**  
**Indianapolis, IN 46239-1054**

First Name	Middle Initial	Last Name
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Street Mailing Address	<b>Sport Code</b> <b>BW</b>
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City	State	Zip Code
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Birth City	Birth State	Birth County
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Area Code / Phone Number
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**Registration Fee:                      Youth \$12.00**

Club/Team Represented: \_\_\_\_\_ Head Coach Name: \_\_\_\_\_

**Youth Program** is a category that consists of athletic participation for ages as defined by AAU Youth sport rules. Basic Youth ages are 3 to 19.

I agree to be bound by the AAU Code as well as AAU operating procedures and policies, including but not limited to: binding arbitration and the release and indemnity of the AAU. By paying my annual membership dues, I certify that I have never been convicted of any sex offense nor felony; or, if so, I must apply for membership ( and receive approval ) through the AAU National Office. I further certify that this membership application is correct in every material aspect, including but not limited to my (street) address and birth date. **Note: Parent / Guardian signature required if member is under 18 years old.**

*The AAU Membership year is September 1<sup>st</sup> to August 31<sup>st</sup> yearly.*

**Signature's:**

**Athlete :** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_