

MISSION VALLEY ELITE COUGARS

Amateur Athletic Union (AAU)

Boys Basketball

MEMBERSHIP FORM

Last Name _____ First Name _____ M.I. _____

Player Stats: Height _____ Weight _____ School _____ Grade _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____ Birthdate _____

Father's Name _____ Cell _____ Business Phone _____

Mother's Name _____ Cell _____ Business Phone _____

List any medical problems or allergies, if any _____

Person to Notify in case of Emergency _____ Phone _____

Physician to Notify in case of Emergency _____ Phone _____

Insurance Provider _____ Medical / Policy # _____

Consent for Medical Treatment (Minor)

As the parent of the above-named player, when a parent/guardian is unavailable, I hereby give consent for emergency medical/hospital care, including necessary transportation or other arrangements as is deemed appropriate by Mission Valley Elite Cougars Basketball representative in event of accident or emergency. The undersigned parent / guardian fully understands he / she is responsible to pay all costs incurred as a result of the foregoing.

Parent / Guardian Signature _____ Date _____

I, the parent/guardian of the above-named player, a minor, agree that the player shall abide by the rules and regulations of the Amateur Athletic Union (AAU) organization, the Pacific Amateur Athletic Union (PAAU) and the Mission Valley Elite Cougars Basketball Club. I, for myself and the player and their respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify the AAU, PAAU, the Mission Valley Elite Cougars Basketball organization, its coaches, assistants, the owners and operators of the facilities used for the programs and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages, or causes of action arising out of or in connection with the players participation in the Programs including, without limitation, players transportation to/from any program, which transportation is hereby authorized. I further grant the Mission Valley Elite Cougars Basketball Team parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the programs provided such use is related to the player's status as a participant in the programs.

Parent / Guardian Signature _____ Date _____

Parent Name (Printed) _____