

# “4th Annual Outlawz Extravaganza!”

Mail payment (\$265) & registration form to: Tracy Outlawz, 1852 W. 11<sup>th</sup>. ST. Tracy, CA 95376

AAU Club/Team Name: \_\_\_\_\_

AAU Club #: \_\_\_\_\_

(Circle gender and age division)

Gender: Boys/Girls

Age Division: 10/U, 11/U, 12/U, 13/U, 14/U, 15/U, 16/U or 17/U

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

	Coach's Name	AAU Membership #
1.	_____	_____
2.	_____	_____
3.	_____	_____

	Players Name	Uniform #	Birthdate	AAU Membership #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

In signing this document, I, intending to be legally bound, and my heirs and administrators hereby waive and release any and all claims and rights that I may have against Tracy Outlawz Basketball Club, tournament director, officials, score keepers, site directors or school facilities, for any accident or incident that may occur to any member of my team, coaching staff and family there of, during this Tracy Outlawz Sporting event participated in. I also verify that all players and coach's are current members of AAU.

\_\_\_\_\_  
Head Coach or Team Coordinator

\_\_\_\_\_  
Date