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

Georgia Tigers Basketball

Registration Form

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Players Name: (First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Middle Initial):\_\_\_\_ (Last):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Circle): Male or Female (Age):\_\_\_\_\_\_\_ (Birth): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Height):\_\_\_\_\_’\_\_\_\_\_” (Weight):\_\_\_\_\_\_\_\_\_(Position): (can circle more than one) 1 2 3 4 5

(# of Years Experience):\_\_\_\_ (Circle Type Played): Rec AAU Church Completive Exposure

(List Former Team(s)):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(School):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Grade):\_\_\_\_\_\_\_ (Year Graduating):\_\_\_\_\_\_\_\_\_

(Extra-Curricular Activates):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent(s) Name(s) Print): Mom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home Phone):\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_ (Mom Cell):\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_

(Dad Cell):\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_ (Player Cell):\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_

(Email):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_.com

(Alt Email):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_.com

(Address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(State):\_\_\_\_\_(Zip):\_\_\_\_\_\_

(Health Insurance Provider):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Policy Number):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Exp):\_\_\_\_\_\_

(Family Vacation Schedule):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Spring Break Schedule):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE DATE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_