

PA Blue Thunder Basketball Club
A Member Club of the Amateur Athletic Union (AAU)

Try-Out/Waiver/Membership form
Cost: \$15.00 try-out (nonrefundable) and \$16.00 membership

*E-mail Address: _____

*First, Middle and Last Name: _____

*Complete Address: _____

*Home Phone #: _____ Cell Phone #: _____

*Birthdate: _____

*Gender (circle) Female Male

*Copy of Birth Certificate (required – check one) _____ On File _____ Attached

*School District: _____ Grade: _____

*Parents or Legal Guardian's Name: _____

*Does this child have medical coverage as AAU will be secondary (circle) Yes No

I hereby give permission for the above-named athlete to participate in **PA Blue Thunder Basketball Club** team try-out and to participate as a team member should he/she be chosen for a team. I also agree that the **PA BLUE THUNDER Basketball Club**, the practice facilities and their board members, staff etc., will not be held liable for any injury or loss as a result of this participation. It is also agreed that the rules and guidelines as established by the **PA BLUE THUNDER Basketball Club** will be strictly adhered to.

X _____
Parent or legal Guardian Signature Date:

For Club use Only

Try-out # Assigned	NO: _____	Cash:	Check # _____
Fees Paid:	AMT: \$31		

Photo/Video Release Waiver for Minors

I, _____, the parent/legal guardian
of _____ [child]

grant

decline

PA Blue Thunder AAU Club my permission to use my child's photograph/video publicly to promote PA Blue Thunder AAU Club. I understand that the images and/or videos may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: ____/____/____

**** This form must be completed prior to tryouts as we may use group photos from tryouts for purposes explained above.**