

PA Blue Thunder Basketball Club

A Member Club of the Amateur Athletic Union (AAU)

Tryout/Waiver/Membership form

Cost: \$20 nonrefundable fee

Athlete's Information:

First Name _____

Middle Name: _____

Last Name: _____

Gender: Female Male **School District:** _____

Birthdate: _____ **Grade/Graduation year:** _____

Home Address: _____

Parent's Name: _____

Parent's Email Address: _____

Parent's Phone number: _____

Copy of Birth Certificate (required- check one) _____ on file _____ Attached

Does This child have medical coverage as AAU will be secondary: YES NO

I hereby give permission for the above-named athlete to participate in **PA Blue Thunder Basketball Club** team tryout and to participate as a team member, should she/he 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 because 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.

Parent's or Legal Guardian's Signature: _____

Date: _____

Club Use Only

PAID **CASH:** _____

Check: # _____