

**CAL RED RAIDERS
AAU BASKETBALL CLUB
Registration Form**

Players name:

School:

Grade:

Father's name:

Email:

Mother's name:

Email:

Emergency contact:

Phone:

Doctor:

Phone:

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 and the Cal Red Raiders AAU 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, the Cal Red Raiders basketball club, 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 Cal Red Raiders 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.

Name of Parent/Guardian: _____

Signature: _____

Date: _____

Consent for Medical Treatment (Minor)

As the parent or legal guardian 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 the Cal Red Raiders 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.

Name of Parent/Guardian: _____

Signature: _____

Date: _____