

**2010 INDIANA AAU DISTRICT**

**BOYS' BASKETBALL TOURNAMENT**

**Individual Entry Application**

Age/Grade Division: \_\_\_\_\_

TEAM \_\_\_\_\_

**PLEASE TYPE OR PRINT CAREFULLY:**

**OFFICIAL ENTRY** ( Please complete all information )

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date-of-birth

\_\_\_\_\_  
Age

( ) \_\_\_\_\_ -  
Telephone Number

\_\_\_\_\_  
School attended

**PARENT/GUARDIAN RELEASE OF LIABILITY AND CONCENT:**

In consideration of accepting this application and for permitting the athlete to participate in Indiana District AAU ("AAU") activities, the athlete and parent/guardian acknowledge that such activities (games, team practice, travel, tournaments, and so forth) expose the athlete to the risk of injury, loss, or death and the athlete and parent/guardian do hereby **release discharge, hold harmless and agree not to sue or to seek recovery** from the Indiana District AAU, Amateur Athletic Union of the United States, the directors, officers, employees, volunteers, coaches and officials of such organizations, the National AAU Sponsor, the Host Organizing Committee, and the facility where the competition takes place, on account of any injury, loss or death that athlete may suffer as a result of participation in such AAU activities. The undersigned specifically acknowledge that this release of liability includes, but is not limited to, the 2010 Indiana District AAU Boys Basketball Tournament.

The undersigned further agrees to cooperate fully with the AAU in the event of a timely protest challenging the athlete's age, grade and residence (as reported on the Roster) and does hereby authorize the AAU to contact the athlete's school to determine whether the foregoing information is consistent with the school records for the athlete.

I, or we, grant to the Directors, Assistants or assigned Chaperones of tournament entered to act as guardian/spokesperson in granting permission for emergency treatment/hospitalization ( including anesthesia ) if necessary for my/our son while en route to or from or at the sites of the Tournament/Championship. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

INSURANCE: AAU athlete membership provides excess medical insurance for any member athlete participating in an AAU sanctioned practice or event. If the athlete has other medical coverage theirs will be applied first, followed by AAU Insurance. If the athlete has no other coverage, the AAU policy becomes primary coverage subject to terms and conditions of the policy. There is a \$200.00 deductible per accident for an insured person who sustained injury during a Sanctioned Event or Supervised Practice.

**MUST BE SIGNED:**

DATE \_\_\_\_\_

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Parent or Guardian Signature

**FOR TOURNAMENT USE ONLY:**

I certify I am eligible in accordance with the rules of the Amateur Athletic Union to compete in the indicated sport. I clearly understand that by signing this form and/or my participation in AAU sports activities, I assume all risk for any injury resulting there from.

**UPON "CHECK IN" -- ATHLETE'S SIGNATURE** \_\_\_\_\_

DATE-OF-BIRTH \_\_\_\_\_

SCHOOL GRADE LEVEL - as of March 1, 2010 \_\_\_\_\_