



2011 SBC AAU REGISTRATION FORM

MAKE CHECK OR MONEY-ORDER PAYABLE TO:
SBC BASKETBALL CLUB
SEND TO: 890 DEEPWOOD DR.
MEDINA, OH 44256

REGISTRATION FEES:
\$175 BY JAN 15TH TO HOLD YOUR SPOT ON THE TEAM (\$300 DUE AT PARENTS MEETING)
\$475 (TOTAL AMOUNT DUE AT PARENTS MEETING)

GENDER: (CHECK ONE) **MALE** **FEMALE**

SCHOOL PLAYER ATTENDS: _____

JERSEY SIZE (CIRCLE ONE): **YOUTH SIZES:** **SM. MED. LG.** **ADULT SIZE:** **SM. MED. LG. XL.**

SHORTS SIZE (CIRCLE ONE): **YOUTH SIZES:** **SM. MED. LG.** **ADULT SIZE:** **SM. MED. LG. XL.**

UNIFORM NUMBER: _____ **1ST PREFERENCE** _____ **2ND PREFERENCE**

LAST NAME:		FIRST NAME:		GRADE:	
EMAIL (WE WILL EMAIL ALL UPDATES & CHANGES):					
STREET:		CITY:		ZIP:	
HOME PHONE:			CELL PHONE:		
RECOMMEND A PLAYER	NAME:			PHONE:	
<p>"I GIVE MY PERMISSION FOR MY SON OF DAUGHTER TO PARTICIPATE IN THE SBC BASKETBALL CLUB AAU LEAGUE. IN ADDITION, I ASSUME THE RISK OF INJURY AND ACCEPT ANY AND ALL LIABILITY IN CASE OF ACCIDENT OR INJURY INCURRED BY MY SON OR DAUGHTER. EVEN IN SUCH CLAIM OR INJURY SOLELY ALLEGES OR INVOLVES THE NEGLIGENCE OF ADRIAN STOCKMAN OR ANY OTHER COACH, INSTRUCTOR OR PARTICIPANT OF THE LEAGUE, AND FURTHER AGREE THAT ADRIAN STOCKMAN AND ANY AND ALL OTHER COACHES, INSTRUCTORS AND PARTICIPANTS OF THE LEAGUE ARE HEREBY RELEASED FROM ALL SUCH INJURES, DAMAGES OR CLAIMS."</p>					
SIGNATURE OF PARENT/GAURDIAN: _____				DATE: _____	
<p>MEDIA RELEASE: I AUTHORIZE SBC BASKETBALL CLUB TO REPRODUCE AND/OR PUBLISH PICTURES OR LIKENESS OF MY CHILD(REN) AND I, FOR THE PROMOTION OF, OR ENCOURAGING PUBLIC PARTICIPATION IN, SBC BASKETBALL CLUB PROGRAMS. I UNDERSTAND THAT I WILL NOT BE REIMBURSED IN CASH OR IN KIN KIND NOW OR IN THE FUTURE.</p>					
SIGNATURE OF PARENT/GAURDIAN: _____				DATE: _____	

NO REFUNDS