



AAU BASKETBALL

Player's name: _____ Gender _____ Grade _____ Age _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Cell Number: _____
School: _____
Height: _____ Weight: _____
Shirt size: _____ Short size: _____. (Please be specific on the sizes)

Basketball Information

Primary position (s): _____ Secondary position(s): _____

Are you currently in a Basketball program? (circle) Y/N If yes, which organization? _____

Are you interested in private one-on-one or group coaching? (circle) Y/N

Parent Information

Parent/Guardian's Name: _____
Email address: _____
Emergency Contact: _____ Phone: _____
Emergency Contact Email: _____

ALTERNATE CONTACT PERSONS: In case I cannot be reached, either of the following is designated an alternative contact person:

Name: _____ Phone: _____
Name: _____ Phone: _____

Player signature: _____

Parent signature: _____