

**2017 Birmingham Blaze AAU Basketball  
Registration Form**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Female** \_\_\_\_\_ **Male**

**Team(Grade):** \_\_4<sup>th</sup> \_\_ 5<sup>th</sup> \_\_ 6<sup>th</sup> \_\_ 7<sup>th</sup> \_\_ 8<sup>th</sup> \_\_ 9<sup>th</sup> \_\_ 10<sup>th</sup> \_\_ 11<sup>th</sup>

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Player's Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

<b>Parent(s) Contact Information</b>	
<b>Mom:</b> _____	<b>Dad:</b> _____
<b>Work Phone:</b> _____	<b>Work Phone:</b> _____
<b>Cell Phone:</b> _____	<b>Cell Phone:</b> _____
<b>Email:</b> _____	<b>Email:</b> _____

**Alternate Contact:** \_\_\_\_\_ **Relationship to player:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

<b>Medical Information</b>
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To be completed by Parent/Guardian:

**Primary Care Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Doctor's Address:** \_\_\_\_\_

**Health Insurance:** \_\_\_\_\_ **Policy No.:** \_\_\_\_\_

*(Note: Please attach copy of insurance card(s) front and back.)*

**Group No:** \_\_\_\_\_ **Name of Insurance Holder (Parent):** \_\_\_\_\_

**Date of Birth (Parent's):** \_\_\_\_\_

Does your child have an/a illness/medical condition he/she is currently being treated for? \_\_\_\_

If yes, what? \_\_\_\_\_ Is he/she currently taking medication(s)? \_\_\_\_\_

Please list all medications including over the counter medications currently being taken below.

<b>Medicine</b>	<b>Dosage</b>	<b>How often taken</b>	<b>Time last dosage taken</b>

Does your child have any allergies or is he/she allergic to any medication, latex gloves, food, etc? \_\_\_\_ If yes, please list below.

<b>Allergy</b>	<b>Reaction</b>

In the event of an accident/injury and in the case of your absence, do we have your permission to seek medical care for your child including transporting her/him to the doctor or medical facility?

\_\_\_\_ **yes** \_\_\_\_ **no**

Your signature below gives us (Birmingham Blaze/team representative) your permission to seek medical care for your child and/or transport your child to/from a medical facility and to share this information with medical personnel on your child's behalf in case of an emergency. Further, your signature releases the Birmingham Blaze Organization and/or Blaze representative from liability in the case of an accident or injury of any kind while seeking medical care for your child and/or transporting your child to/from the doctor/medical facility.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Uniform/T-Shirt/Shoes Order Form**

**Player:** \_\_\_\_\_ **Team (Grade):** \_\_\_\_\_ **Gender:** \_\_\_\_\_

<b>Shoe Size (Adult Sizes)</b>	<b>Jersey #</b>	<b>Uniform (Please circle size below)</b>	<b>T-Shirts (Please circle size below)</b>
		S M L XL XXL	S M L XL XXL

**Parents T-Shirt Order**

**Sizes/Total # Shirts Needed**

**S, M, L, XL, XXL, 3X, 4X**

*Note: Toddler Sizes also available*

**Please indicate below number of shirts needed per size.**

	<b>Toddler (Indicate size)</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>	<b>XXL</b>	<b>3X</b>	<b>4X</b>
<b>Total ordered</b>								

# Birmingham Blaze AAU Basketball Organization

## Internet/Photo/Video Use Permission Form



\_\_\_\_\_ I hereby **give my permission** for images of my child captured through video, photo and digital camera, and/or audio to be used, reproduced, and/or published by the **Birmingham Blaze**. I waive any rights of compensation or ownership to materials used, reproduced, and/or published pertaining to the image, likeness and/or voice of my child by the **Birmingham Blaze**.

\_\_\_\_\_ I **do not give my permission** for images of my child captured through video, photo and digital camera, and/or audio to be used, reproduced, and/or published by the **Birmingham Blaze**.

Child's Name: \_\_\_\_\_

Parent's/Legal Guardian's Name: \_\_\_\_\_

Team (Grade): \_\_\_\_\_

I understand images of my child captured through video, photo, digital camera, and/or audio may be used on the Birmingham Blaze's website ([birminghamblaze.net](http://birminghamblaze.net)). It may also be used in/on any other team related materials and publications. These images will be used solely for the purpose of the **Birmingham Blaze Basketball Team**. This release is continuous and maybe withdrawn at any time by **written request**.

My signature below indicates I have read and understand this document.

\_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature

**Birmingham Blaze  
2017 Transportation Form**

I, \_\_\_\_\_ Parent/Legal Guardian, give my permission to the coaches, parents, and/or representative of the Birmingham Blaze AAU Basketball Organization to transport my child, \_\_\_\_\_ to/from games and/or practice(s). I further understand my signature below releases said coaches, parents, and/or Blaze representative as well as the Birmingham Blaze AAU Basketball Organization from liability of any kind in the event of an accident regardless of the fault of the individual(s) so referenced above while transporting my child that may result in injury and/or fatality.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Date: \_\_\_\_\_

**Note: Complete Medical and insurance information must be on file for each child.**

Please initial below to indicate status of medical and insurance information.

\_\_\_\_\_ Complete medical and insurance information has been provided.

\_\_\_\_\_ Medical and insurance information is incomplete.

\_\_\_\_\_ Medical and insurance information has not been provided.

## 2017 Blaze Registration Documents Checklist

*Note: Please find below a list of documents needed for registration.*

- \_\_\_\_\_ Registration Form
- \_\_\_\_\_ Transportation Form
- \_\_\_\_\_ Photo/Video Release Form
- \_\_\_\_\_ Uniform/T-shirt Order Form
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Copy of Most Recent Report Card or Progress Report
- \_\_\_\_\_ Copy of Insurance Card (Front & Back)