

# ***LV OUTCASTS***



PLEASE PRINT

Player's Name : \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #s: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_

School : \_\_\_\_\_

Played AAU before: \_\_\_\_\_ If so, what team? \_\_\_\_\_

Special considerations (i.e. - drives with someone else, relatives, etc.): \_\_\_\_\_

\_\_\_\_\_

Medical Considerations: \_\_\_\_\_

Jersey Size : \_\_\_\_\_ Shorts Size : \_\_\_\_\_

Preferred # : \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Consent for Emergency Medical Treatment

I hereby give permission for my child \_\_\_\_\_, birthday \_\_\_\_\_, to participate in OUTCASTS AAU Basketball, Inc. sports programs and/or activities.

I am aware that OUTCASTS AAU Basketball, Inc regulations require that all girls be covered by life, accident, and hospitalization insurance (major medical preferred) at their own expense and certify that my child is properly covered.

I hereby give my consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of my child, by a qualified medical professional and/or hospital in the event of injury or illness during all periods of time in which my child is participating in LV OUTCASTS AAU Basketball activities and I am unavailable to consult regarding the proposed treatment.

I further hereby waive on behalf of myself and my child any liability of the LV OUTCASTS AAU Basketball Organization and of its officers or coaches, arising out of such medical treatment. I also certify that my child is physically able to participate in the in OUTCASTS AAU Basketball, Inc program with the exception of limits noted below.

Hospital Plan \_\_\_\_\_

Number \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephones: \_\_\_\_\_

\_\_\_\_\_

Required Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions / Comments: \_\_\_\_\_

\_\_\_\_\_

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