



# 2009 Potomac Valley Vogues Basketball Registration

**Please print legibly and complete entire form.**  
 Discounted Mail-in fee is **\$40.00**. Fee on night of tryouts will be **\$50.00**.  
 Make Check Payable to: **The Vogues**  
 Mail completed form, **copy of birth certificate** and a check for \$40.00 to:  
 Potomac Valley Vogues Basketball  
 P.O. Box 73  
 Merrifield, VA 22116-0073  
 Envelope must be postmarked no later than 2/26/09  
 Questions: Call Jody at (703) 242-9758

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work / Cell Phone \_\_\_\_\_

Email (A MUST!!) Player: \_\_\_\_\_ Parent: \_\_\_\_\_

**Parents and players**, please read and indicate your agreement below:

**I know that by my participation in AAU activities is potentially hazardous and can cause bodily injury or death. I clearly understand that, by signing this form, and/or participating in any AAU sports activity, I assume all risks for any injury resulting therefrom.**

Member signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**By paying or authorizing payment of my annual membership dues, I certify that: 1) I have never been convicted of any sex offense nor felony; or, if so, I must apply for membership (and receive approval) through the AAU National Office; and 2) this application is correct in every material aspect, including but not limited to my (street) address and birth date. The applicant agrees to be bound by the AAU code, including all AAU Policies, which are available for review on the AAU Web site at [www.aausports.org](http://www.aausports.org). Note: Parent/Guardian signature if member under 18 years old.**

Member signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**CURRENT SCHOOL GRADE** \_\_\_\_\_ **NOTE: THIS IS THE GRADE TEAM YOU WILL TRY OUT FOR UNLESS OTHERWISE APPROVED BY JODY PATRICK**

Do you plan to be involved in a second activity or sport this spring? \_\_\_ Yes \_\_\_ No. If Yes, what? \_\_\_\_\_

Are you available for practice 2-3 nights/wk and can you play in games most weekends? \_\_\_ Yes \_\_\_ No \_\_\_ Maybe

If you're selected, will you attend the National Tourney with your team in June/July? \_\_\_ Yes \_\_\_ No \_\_\_ Maybe

Your Current / Most Recent Basketball Team \_\_\_\_\_ Coach \_\_\_\_\_

Is the player already covered with Health & Accident Insurance? Please circle: YES NO

AAU Membership Category – check one: \_\_\_ Athlete \_\_\_ Coach \_\_\_ Youth Program \_\_\_ Adult