



2010 Potomac Valley Vogues Basketball Registration

Please print legibly and complete entire form.
 Discounted Mail-in fee is **\$20.00**. Fee on night of tryouts will be **\$30.00**.
 Make Check Payable to: **The Vogues**
 Mail completed form, **copy of birth certificate** and a check for \$20.00 to:

 Potomac Valley Vogues Basketball
 P.O. Box 2902
 Merrifield, VA 22116-0073
 Envelope must be postmarked no later than 3/1/10
 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. 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