

DG WARRIORS 2018 AAU BASKETBALL REGISTRATION FORM

Player Name _____ Birth Date _____ Grade _____ Male or Female

Height _____ Position _____ School _____ On School Team: yes no

Travel Experience: yes no If Yes: A Team or B Team AAU Experience _____

IF A RETURNING DG PLAYER WITH UNIFORM: JERSEY # _____

NEED UNIFORM: JERSEY SIZE: CIRCLE ONE ADULT or YOUTH SIZE _____

SHORT SIZE: CIRCLE ONE ADULT or YOUTH SIZE _____

Parent Names _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____

Email: _____

Waiver: I understand that I am enrolling my child in the DG Sports Basketball Program and that DG Sports, Bob Fruchter, David Fruchter, and any facilities that are used or any coaches will not be liable for any injuries incurred during participation in the program. I also understand that there are no refunds and that there is no guarantee of playing time.

If a player is injured and can't continue, he or she will receive a prorated credit towards another DG Sports Basketball Program. I allow DG Sports to use my child's name and photo on their web site and in media releases.

Signature of Parent/Guardian: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE: DG SPORTS INNER OFFICE

fees paid _____ date paid _____ receipt # _____