

## DG WARRIORS 2019 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 # \_\_\_\_\_