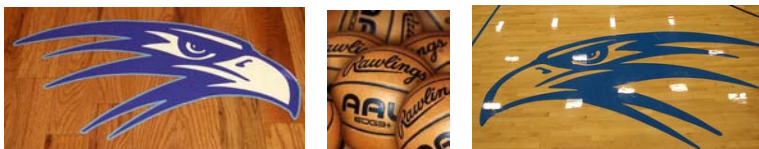


**Hardin Valley Junior Hawk AAU Basketball Club (www.hvjrhawks.org)
Player Registration Form – Registration Ends Monday March 8, 2010**



Last Name: _____ First: _____ MI: _____ Birth Date: _____
Address: _____ City: _____ TN Zip Code: _____
School: _____ Grade: _____ Sex: M or F (circle one)
Height: _____ Weight: _____ Jersey Size: _____

Mother/Guardian:

Last Name: _____ First: _____
Preferred Phone: _____(mobile, home, work) Secondary Phone: _____(mob, home, work)
Email address(s): _____

Father/Guardian:

Last Name: _____ First: _____
Preferred Phone: _____(mobile, home, work) Secondary Phone: _____(mob, home, work)
Email address(s): _____

Please list any medical condition(s), disabilities, present injuries, heart or respiratory illness or other conditions that may affect this child's ability to play: _____

Emergency Authorization

If there is an emergency during participation in this program and I or another parent or guardian is not present, I authorize treatment and/or care at any hospital and I hereby authorize the volunteers and staff of this program as my agents. If I cannot be reached please contact the following person who is hereby authorized on my behalf:

Emergency Contact: _____ Phone: _____

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

To accept registration and permit participation in the Junior Hawk basketball program by the named participant, I the parent or guardian of said participant, hereby give my consent and agree to release, indemnify, and hold harmless Hardin Valley Academy and its officials, coaches, representatives and volunteers from any claim arising out of injury to the named participant.

For myself and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in this program may include travel and risk of physical injury or death. For myself and on behalf of my heirs, assigns and next of kin, I willingly and voluntarily accept and assume all such risks of participation. I hereby release, discharge and agree to hold harmless Hardin Valley Academy, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to the participant while participating in this Hardin Valley youth sponsored activity.

INSURANCE ACKNOWLEDGEMENT

I acknowledge that each player will be registered with AAU to provide limited, secondary medical insurance to serve as a supplement to my primary medical insurance and will serve as primary coverage only in the event I have no medical insurance. This insurance is paid for by one of the fees each parent pays for participation in this program.

I, _____(name) am interested in volunteering for: Coach Asst. Coach Team Parent

The below signed parent or legal guardian has read and understood the above information.

Signature of Parent or Guardian: _____ Date: _____

Registration Questions – Call Ken Black at 865-382-3943. Mail Registration form, copy of birth certificate, and \$120 initial payment to: Ken Black 10343 Nora's Path Lane, Knoxville, TN 37932