



Team Storm Basketball Club, Inc.  
 1060 Stoneykirk Road  
 Pelham, Alabama 35124  
 (205) 563-0295

2018

PLAYER APPLICATION & INFORMATION

Age:  Grade:

**Player Information**

Last Name:		First Name:		M.I.:	
Address:		City:		St: Zip:	
Telephone: ( ) -					
Birthdate: / /			AAU Member No. (If current member):		
School:			Grade:		
Height:		Weight:		High School Zone:	

**Athletic Experience**

Number of Years Playing Basketball:		Favorite Position:	
Other Sports You Participate in:			
Outside/School Activities (please list):			

**Parent/Guardian Information**

Mother		Father	
Name:		Name:	
Cellular Number:		Cellular Number:	
Email Address:		Email Address:	

**Acknowledgement/Waiver**

I, being the parent/legal guardian of the above named player, hereby give my approval for his/her participation in any and all Team Storm Basketball Club (Storm) activities, including tryouts. I assume all risk and hazards incidental to such participation, including transportation to and from the activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless any Storm sponsors, organizers, coaches, supervisors, participants, owners of facilities used by Storm, for any and all claims arising out of injury to the player, except as covered by NTBA, AAU, YBOA liability or Motor vehicle Insurance.

I hereby Authorize Storm officials, coaches, assistant coaches, team parents, or any other responsible person to whom I have delegated supervision of the player listed above, to take the player to the nearest hospital or other know medical facility for emergency treatment in case of injury during practice and/or games, if I am not available. I will assume any and all financial responsibility for such medical care.

Authorized Parent/Grardian: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_