

LIGHTS OUT BALLERS

Basketball Registration Form 2020 AAU Season

Player's Name: _____ Age _____

Male ____ Female ____ Grade ____

School Attending: _____

Phone: _____ Email: _____

Parent/Guardian's Name: _____

Parent Phone: _____

Parent Email: _____

Jersey Size: Youth: ____S ____M ____L Adult: ____S ____M ____L

Shorts Size: Youth: ____S ____M ____L Adult: ____S ____M ____L

Shooting Shirt: Youth: ____S ____M ____L Adult: ____S ____M ____L

Jersey No (choose 3) _____

Any Special Request: _____

Waiver

This waiver is a consent form giving your son/daughter permission to participate in athletics. This consent form allows your child to practice and play in games. It is also a waiver of injury. Guardians understand that Lights Out Ballers, Inc is not liable for any injuries that may occur while participating in these sports, whether games (home or away) or practice. I, _____, the parent/guardian of the registrant, a minor, do agree and will abide by all the rules of the LightsOut Ballers (LOB). I recognize the possibility of physical injury associated with participating in LOB sponsored activities, and in consideration for the LOB providing these activities, do release the LOB and its staff members from all liability for any injuries sustained while on LOB property and/or participating in LOB activities.

Initial of Parent/Guardian _____

Date _____

FOR OFFICE USE ONLY

Birth Certificate Received _____

Report/Progress Card Received _____

Deposit Paid: _____ LOB Fees Paid: _____

LOB Initials _____