



Potomac Valley AAU
Member since 1981

www.classicsbasketball.com

Sign-in Desk Use

Number: _____

Payment

Cash: _____

Check: _____

T-shirt: _____

Size: _____

Classics Basketball AAU Team Tryouts Registration Form

Athlete's Name: _____

Date of Birth: MO: _____ DAY: _____ YEAR: _____

Grade: _____ (as of 3/1) School: _____

Home Street Address: _____

City, State Zip: _____, _____ _____

Home Phone: _____

Parent's E-mail: _____

Parent Name(s): Mother: _____ Father: _____

Mother's Work/Day Phone: _____ Father's Day Phone: _____

MEDICAL WAIVER AND RELEASE

Classics Basketball Inc. and any facilities where tryouts, practices, or games will be played will assume no liability for injury or damages arising from the results of the above named Athlete's participation unless due to the willful misconduct or gross negligence on the part of Classics Basketball, its affiliates, or agents. Due to the strenuous nature of basketball, the Athlete participating and their parents are urged to consult their physician concerning the Athlete's fitness to participate. Basketball presents certain inherent risks and hazards, which the participating Athlete is urged to consider and which the Athlete assumes.

I hereby approve of the participation of my child, the above named Athlete, in the Classics Basketball tryout program and consent to the emergency medical treatment for my child on my behalf. To the best of my knowledge, there are no physical or other conditions which will interfere with my child's participation.

PARENT SIGNATURE: _____ DATE: _____

TRYOUT RULES and REGULATIONS

1. I understand that all athletes must live in the Potomac Valley AAU Region, which includes Washington, DC, Northern Virginia (City of Alexandria, Arlington, Fairfax, and Loudoun Counties), and Suburban Maryland (Prince George's and Montgomery Counties).
2. I understand that all Athlete's must tryout and play in their birth year or play up in birth year.
3. I understand that all Athlete's trying out are eligible for the A or National level team.

PARENT INITIALS: _____