



Fairfield Ballers AAU Basketball Club

****FFBALLERS & NOR CAL BLAZE COLLABORATION****

*Boys & High School Girls
Bay Area's Finest 1st Annual
Open to all competitive Girls and Boys teams:
8/u-Varsity
March 26TH -27TH FAIRFIELD & VACAVILLE
\$275.00 entry fee per team.
Deadline 03/19/2021*

1st place individual trophies for all divisions
2ND Place Medals for divisions with 6 or more teams.
Everyone must have AAU Card to participate! Mandatory.
High school rules apply.
Certified Referees
Great Facilities

**Mail check or money order to Fairfield Ballers
1617 Paseo Flores Dr Suisun Ca 94585**

******No checks will be accepted after 3/21/2020 before league. Cash or M/O only******

For more information call Steve Carter at (707) 400-3335 email us at or

FFballers@gmail.com or www.leaguelineup.com/ffballers

Or Terell Morrison

eleprint@comcast.net (707) 689-3560

Committed teams the Alliance

NBBA, Splash City, Benicia Blue Devils, APT, Solano Select, Oakland Rebels, SF Rebels, Vision, SF Champions, Renegades . Girls Cali Ballaz, NP Force, Bay Area Rush and Many More!!!

- This event is licensed by the Amateur Athletic Union of the U. S., Inc.
- All participants must have a current AAU membership.
- AAU membership may not be included as part of the entry fee to the event.
- AAU membership must be obtained before the competition begins except where the event operator has a laptop available with an internet connect. Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership.



Fairfield Ballers

REGISTRATION & ATHLETIC EMERGENCY CARD

Birthdate: ____/____/____ School: _____ Grade: ____ Height: _____

Player's Name: _____ Gender: M F Home Phone: _____

Address: _____ City & Zip Code: _____

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Family Physician: _____ Phone: _____

Emergency contact to notify if parents cannot be reached:

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

SPECIAL NOTATIONS REGARDING MEDICAL HISTORY: _____

If the above player needs emergency medical treatment and either a parent, guardian nor family physician can not be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Date: _____ Signature of Parent or Guardian: _____

UNIFORM SIZE (circle one)

(YS YM YL AS AM AL AXL A2XL A3XL) Did you play FF Ballers last year? YES NO _____

Parent Section

This program needs parent participation and requires that you work 4 hours at each tournament.

Consent and Information Form

On behalf of _____ (Player's Name), "Player", my minor child, I hereby apply for his/her participation in Fairfield Ballers and to induce FF Ballers to accept this application. I hereby warrant that both myself and my child are familiar with the risks associated with participation in an active sport such as basketball; furthermore, I warrant that my child is in good health, has no condition or defect with would interfere with his/her participation, or would be in any way affected by such participation. In short, my child is active, in good health and anxious to play basketball.

I do hereby agree and consent to my child's participation in FF Ballers during the current season and also assume all risks and hazards which are incidental to the conduct of the activities. I hereby release, absolve, indemnify, and hold harmless FF Ballers League, as California non-profit corporation, its officers, directors, employees, agents and any of them, their sponsors, organizers, and supervisors of any and all liability or damage, injury, or expense of any kind arising out of, or connected with, my child's participation in FF Ballers League. I am hereby informed that all rostered players are covered by an insurance policy in case of accident or medical emergency while participating in an activity sponsored by FF Ballers. I further understand that in case of medical emergency, my own personal medical plan, if I have one, will be used prior to the insurance provided through FF Ballers. If I do not have a personal plan, the above insurance will take effect immediately. Participation in competitive athletics may result in serious injury. It is impossible to TOTALLY eliminate such occurrences from competitive sports. Players can reduce the risk of serious injury by obeying safety rules, following a proper conditioning program, and maintaining their equipment properly. **EVEN IF ALL THESE REQUIREMENTS ARE MET, AND EVEN IF THE ATHLETE IS IN EXCELLENT PHYSICAL CONDITION WITH PERFECT EQUIPMENT, A SERIOUS ACCIDENT MAY STILL OCCUR. AS A CONDITION OF PARTICIPATION IN THE FF BALLERS PROGRAM BY "Player", I ACKNOWLEDGE THAT I HAVE READ THIS CONSENT FORM AND KNOWINGLY, ON BEHALF OF MY CHILD, ASSUME ALL THE RISKS ASSOCIATED WITH PARTICIPATION IN ANY WAY IN THE FF BALLERS PROGRAM. NO REFUNDS AFTER THE FIRST TOURNAMENT THE TEAM PAID FOR.**

Parent/ Guardian Signature: _____ Print Name: _____

Date: _____

PAID AMT: _____ (CHECK NO: _____) (CASH, MONEY/ORDER)

PROCESS DATE (____/____/____) PAID BY: _____

Intials: _____