



## ***Fairfield Ballers AAU Basketball Club***

### ***FAIRFIELD BALLERS DOUBLE HEADER FALL LEAGUE***

STARTS SEPT 12<sup>TH</sup> THRU OCTOBER 10<sup>TH</sup> 5 SUNDAYS 2 GAMES A SUNDAY 10 GAMES!!

1<sup>ST</sup> PLACE TROPHIES 2<sup>ND</sup> PLACE MEDALS FOR DIVISIONS WITH 6 OR MORE TEAMS!

GAMES WILL BE IN FAIRFIELD, BENICIA, VALLEJO, NOVATO  
SCHEDULES OUT EVERY THURSDAY, EVERYONE MAKES PLAYOFFS!!

\$695 FOR 1 TEAM

\$675 FOR 2 TO 4 TEAMS

\$600 FOR 5 OR MORE TEAMS

DEADLINE TO COMMIT SEPTEMBER 5<sup>TH</sup>

STEVE CARTER 707 400 3335

WE WILL SELL OUT 160 TEAMS MAX GIRLS AND BOYS

- 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](http://www.aausports.org) to obtain their membership.
- Fairfield Ballers will not host any events on May 5<sup>th</sup> & 6<sup>th</sup> or May 19<sup>th</sup> & 20<sup>th</sup> Due to AAU National Events



# 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: \_\_\_\_\_