

# 2010 Lady Showtime Basketball AAU

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_ SCHOOL \_\_\_\_\_ EMAIL \_\_\_\_\_  
{H}# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (C)# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

UNIFORM SIZE CIRCLE ONE    S   M   L   XL

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## IN CASE OF EMERGENCY

I GIVE PERMISSION TO HAVE MY CHILD \_\_\_\_\_ TAKEN TO EMERGENCY HOSPITAL BY ANY COACH OR STAFF MEMBER OF LADY SHOWTIME IN CASE OF SERVE EMERGENCY REQUIRING MEDICAL ATTENTION.

## IN CASE OF EMERGENCY DURING PRACTICE OR GAME PLEASE CONTACT:

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ HOSPITAL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE# (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (C) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
INSURANCE \_\_\_\_\_ POLICY# \_\_\_\_\_  
MEDICATION YOUR CHILD IS TAKEN \_\_\_\_\_  
ALERGIC \_\_\_\_\_

I give my permission for my child to participate in the Lady Showtime AAU program. I here by assume all risk associated with the participation of my child in the Lady Showtime program and to agree to hold harmless the Lady Showtime AAU organization ,their officers, coaches and participants for any claims arising out of participation in this program. I have complete and undrestanding the details of this form and attest to it's accuracy. I certify my child primary heath insurance with the above carrier . I also give permission for my child to be examined by a physician in case of an emergency.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Registration Fee: for Gold Team \$375.00 for Black team \$350.00 plus Fundraiser Non- Refunderable Due at try – out \$25.00 Registration forms due by February 7, 2010

Make checks payable to: Lady Showtime Basketball

# **Lady Showtime Basketball Loyalty Contract**

Grade playing for : \_\_\_\_\_

I understand that my child name \_\_\_\_\_  
will play only for Lady Showtime Basketball, the age or grade group I  
register  
her play for. I agree not to have my child play for any other AAU or  
Basketball  
program while play for Lady Showtime Basketball I do understand if her  
school  
is in the same tournament she can play and represent her school. Once  
signing  
this form Lady Showtime reserve the right to dismiss your child from the  
team and NO-REFUND will be issued.

Parent or Guardian signature \_\_\_\_\_

Child signature \_\_\_\_\_

Thank you,  
Lady Showtime Basketball Committee and Coaches