

# SCREAMING EAGLES AAU CLUB

## AAU INDIVIDUAL SPORT FORM



### AAU annual Cost –

You will need to join the AAU club (due to Liability). Go to <http://aausports.org/> and use the club code **W345C9**. You need to purchase the extended coverage. Bring in a copy of your membership attached to this participation form. You must have personal insurance.

**PRINT NEATLY**

2021-2022 Grade in School \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

ID # \_\_\_\_\_

Players Cell # \_\_\_\_\_

Emergency Contact (Name and Number): \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

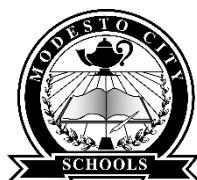
Parent Work # \_\_\_\_\_ Parent Cell # \_\_\_\_\_

### WAIVER, RELEASE, ASSUMPTION OF RISKS

I understand that my participation in AAU activities involves risks and dangers of serious and permanent bodily injury and death. I, or my parent or guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue AAU of US, Inc., its Club/Teams, Directors, Officers, Employees, Coaches, Officials, Volunteers, Agents, Sponsors, Advertisers, Owner/Leasers of Premises for all liability from my participation in these and any other AAU related travel, lodging, social/recreational activities.

Parent Signature: \_\_\_\_\_

Player Signature: \_\_\_\_\_



MODESTO CITY SCHOOLS

426 Locust Street, Modesto, California 95351-2699

[www.monet.k12.ca.us](http://www.monet.k12.ca.us)

**RELEASE**

(For Summer Use Only)

I, \_\_\_\_\_, the parent/ legal guardian of \_\_\_\_\_,  
(name of student)

do hereby release both Modesto City Schools and Enochs High School  
(name of school)

and their officers and employees from any and all liabilities, claims, and causes of action that may arise  
as a result of injury to my child while participating in AAU Sport  
(name of activity)

on this/ these dates: September 1 2021- August 31, 2022  
(list date/ dates)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Representation of Medical Coverage**

(For Summer Use Only)

I, \_\_\_\_\_, the parent/ legal guardian of \_\_\_\_\_,  
(name of student)

do hereby represent to Modesto City Schools and Enochs High School that my child listed above  
(name of school)

is covered by medical insurance with \_\_\_\_\_, which would be used  
(name of Insurance Company)

for the medical treatment and hospitalization of my child if an injury is sustained while participating in  
\_\_\_\_\_ on this/ these dates: September 1 2021- August 31, 2022  
(name of activity) (list date/s)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_