

SCREAMING EAGLES ATHLETICS

AAU INDIVIDUAL SPORT FORM



AAU MEMBERSHIP

You must have personal insurance

Our district also requires you to join the AAU club (due to liability).

Go to <http://aausports.org> and use the club code **WY6E66**

*****make sure you purchase extended coverage \$16

PRINT NEATLY

Grade in School Year 2018/2019 _____

First Name _____ Last Name _____

Date of Birth _____
(Date mm/dd/yyyy)

Home # _____ Players Cell # _____

Address (Street) _____

City _____ Zip _____ Email _____

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

RELEASE

(Out of Season Use Only)

I, _____, the parent/ legal guardian of _____,
(name of parent/guardian) (name of student)
do hereby release both Modesto City Schools and _____
Enochs High 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 _____

on this/ these dates: _____
(list date/ dates)

Signed _____ Date _____

Printed Name _____ Phone Number _____

Representation of Medical Coverage

(Out of Season 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

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: _____
(list date/s)

Signed _____ Date _____

Printed Name _____ Phone Number _____