

2015 Boston Warriors Boys AAU Basketball Registration Form

Please print this form.

To pre-register, complete this form must be completed and sent to us with a non-refundable check for the amount of \$30.00 made out to Boston Warriors and mailed to:

Boston Warriors AAU Basketball
101 Richmond Rd
Belmont MA 02478

If you will not be able to pre-register, then complete the form and bring this completed registration form and a \$35 check with you to the tryout.

Name _____

Address _____

Town _____ Zip _____

Home Phone _____ Cell Phone _____

Parent 1 Name _____ Parent 2 Name _____

Parent 1 Email _____ Parent 2 Email _____

DOB _____ Grade _____

School _____ Winter Team _____ Coach _____

Height _____ Weight _____

Preferred Shirt #'s (please pick 3) _____

Other Comments: _____

Medical Information

Boston Warrior AAU Basketball Program and BW All Sports LLC, the organizers, sponsor volunteers, and players assume no responsibility for injury to the child named above. All rights and claims are waived by the undersigned parent and guardian.

The undersigned parent or guardian gives approval for the participation of their child in all activities of Boston Warriors AAU Basketball Program and BW All Sports LLC during the current season and assume all risks and hazard incidental to the conduct of the activities and transportation to and from the activities and does not hold BW All Sports LLC responsible for any physical and/or mental injuries.

Disclaimer: If your son does get selected for a team, the tuition fee to play on a team is non-refundable.

Parent or Guardian's Signature _____ **Date** _____

