



# ACADEMY OF GREATNESS & EXCELLENCE

*Where Prosperous Futures Begin*

## AGE BASKETBALL PLAYER APPLICATION

PLAYER'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Circle: AGE/NON AGE Student

PHONE #: \_\_\_\_\_ E-MAIL : \_\_\_\_\_

**PERMISSION:** I, the parent of this player, hereby give my approval for any and all basketball activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from all activities. I hereby waive, release, absolve and indemnify and agree to hold harmless Academy of Greatness and Excellence, and any teams, organizers, sponsors, supervisors, participants and persons transporting my child, except to any extent covered by accident liability insurance.

**EYEGASSES/BRACES:** I understand that damages to eyeglasses and braces are not covered by our school's accidental liability insurance. Therefore, I understand that my child must be equipped with glasses having safety or shatterproof lenses for all league activities (no metal frames). All players that have braces must wear a mouth guard at all times during all activities.

I, the parent/guardian agree to the above stipulations. (This must be signed for insurance purposes)

I agree to provide assistance (as needed) during the season as a hall monitor and/or scorekeeper.

PARENT/GUARDIAN NAMES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## REGISTRATION INFORMATION

ALL FORMS MUST BE SUBMITTED BY 10/31/10 TO GUARENTEE A SPOT. LATE REGISTRATION WE BE ACCEPTED ON AN AS-NEEDED BASIS.

REGISTRATION FEE: \$40.00-1 CHILD

PLEASE MAKE ALL CHECK PAYABLE TO AGE. THERE WILL BE A \$15 FEE FOR ALL RETURNED CHECKS