



PLAYER CHECKLIST

Player's Name: _____

- Player's Information Sheet**
- Photograph**
- AAU Membership Application**
- Official AAU Membership Card**
- Parent Code of Conduct**
- Birth Certificate**
- Report Card**
- Insurance Card**
- Authorization/Consent to Treatment**
- Release Form**



YOSEMITE YOUTH BASKETBALL ASSOCIATION

P.O. Box 658 • Oakhurst, CA 93644 • (559)683-5105

PLAYER INFORMATION

PLAYER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

MOTHER'S NAME: _____

HOME PHONE: _____ WK PHONE: _____

CELL PHONE: _____ OTHER PHONE: _____

FATHER'S NAME: _____

HOME PHONE: _____ WK PHONE: _____

CELL PHONE: _____ OTHER PHONE: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____

DR. NAME: _____ PHONE: _____

SCHOOL: _____ GRADE: _____

ADDITIONAL INFO: _____

AAU ATHLETE INDIVIDUAL MEMBERSHIP APPLICATION



AAU Membership Year is September 1 to August 31. A membership card will be forwarded to you.

Use Legal Name

First		Middle		Last	
Street Address			City	County	State Zip
Application Date		Work Phone/Ext.		Home Phone	
E-Mail Address				Fax Number	
Birth Date		Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Cell Number	
Do you have Health and Accident Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Club Code (if Known) CCBWXYTKC8	Club Name (if Known) Yosemite Youth Basketball Association		Sport Code (see list below) BW	
<p>By paying or authorizing payment of my annual membership dues, I certify that: 1) I have never been convicted of any sex offense nor felony; or, if so, I must apply for membership (and receive approval) through the AAU National Office; and, 2) this application is correct in every material aspect, including but not limited to my (street) address and birth date. The Applicant agrees to be bound by the AAU Code, including all AAU Policies, which are available for review on the AAU Web site at www.aausports.org. NOTE: Parent/Guardian signature if member is under 18 years old.</p>					
Member's Signature			Parent/Guardian Signature		
Date			Date		

YOUTH PROGRAM (All Sports)

Regular Membership \$12.00 or Added Benefit Membership* \$14.00

Youth Program consists of athletic participation for ages as defined by AAU Youth sport rules. Basic Youth ages are 1 to 20. Youth Membership allows participation and insurance coverages in any and all youth sports.

* Added Benefit Membership includes additional insurance coverage in certain programs as defined by AAU.

ADULT PROGRAM

Regular Membership or Added Benefit Membership*

Aerobics, Baton Twirling, Dance, Golf, Jump Rope, Swimming, Table Tennis, Tennis, Volleyball, Physically Challenged	\$12.00		\$14.00
Athletics, Baseball, Basketball, Diving, Gymnastics, Softball, Surfing, Trampoline & Tumbling and Weightlifting	\$22.00		\$25.50
Field Hockey, Flag Football, Inline Hockey, Soccer, Water Polo, and Wrestling	\$22.00	or	\$27.00
Chinese Martial Arts, Judo, and Karate	Not Available		\$27.00
Taekwondo	\$22.00		Not Available
Powerlifting	\$32.00		\$37.00

Adult Program consists of athletic participation for ages as defined by AAU Adult sports rules. Basic adult ages are 21 to 99. Adult membership is sport specific and allows participation and insurance coverages for one sport only.

PLEASE SELECT YOUR PRIMARY SPORT YOUTH AND ADULT SPORT CODES

CODE	SPORT	CODE	SPORT	CODE	SPORT	CODE	SPORT
AE	Aerobics	DA	Dance	JU	Judo	SW	Swimming
AT	Athletics	DI	Diving	JR	Jump Rope	TB	Table Tennis
BL	Baseball	FB	Baseball/Women	KA	Karate	TW	Taekwondo
BA	Basketball/Boys	GB	Baseball/Girls	LC	Lacrosse	TT	Trampoline & Tumbling
BW	Basketball/Girls	FH	Field Hockey	PC	Physically Challenged	TE	Tennis
MB	Basketball/Men	FI	Fishing	PF	Physical Fitness	VB	Volleyball
WB	Basketball/Women	FF	Flag Football	PL	Powerlifting	WL	Weightlifting
BT	Baton Twirling	GO	Golf	SC	Soccer	WP	Water Polo
CH	Cheerleading	GY	Gymnastics	SB	Softball	WR	Wrestling
CM	Chinese Martial Arts	HO	Inline Hockey	SU	Surfing		

Make check payable to AAU. Mail application and fees to: AAU Headquarters, P.O. Box 22409, Lake Buena Vista, FL 32830

Revised 11/01/08





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AAU/Yosemite Youth Basketball Association “Parent/Guardian Code of Conduct Agreement”

The purpose of this document is to ensure that all parents/guardians of youth participants involved in Yosemite Youth Basketball Association’s program are made aware of and are participants of the Association's “Code of Conduct Agreement” involving parents and fans. Each parent/guardian must sign and be aware of the parent’s Code of Conduct. Yosemite Youth Basketball Association will not tolerate hostile and disruptive outbursts by coaches, parents, or fans. Failure to observe the parent’s Code of Conduct could result in forfeiture of your son's/daughter's tournament participation as well as their team's continued participation.

I hereby pledge to provide positive support, care, and encouragement for my child participating in all AAU/Yosemite Youth Basketball Association programs and/or events and agree to abide by the following Parents' Code of Conduct:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, or practice.
- I will place the emotional and physical well being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child's coach be trained in the responsibilities of being an AAU basketball coach and that the coach upholds the Coaches' Code of Conduct.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable basketball experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth basketball events.
- I will remember that my child's game of basketball is for youth - not adults.
- I will do my very best to make the sport of basketball fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will also treat with respect other players, coaches, fans and officials.
- I will help my child enjoy the AAU basketball experience by doing whatever I can to be a respectful fan and supporting parent/guardian.
- As a parent and fan I will not harass, abuse, disrespect, or cause a disturbance against an opposing coach, player or official. I will remain committed to the AAU Code of “Sports for all Forever”

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



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AUTHORIZATION AND CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned parent(s) of _____ a minor, do hereby authorize the coaches and/or directors and agents of Yosemite Youth Basketball Association, or attending medical personnel as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, medical, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of Medical Practices Act, California Business and Professions Code §2000 et. Seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code §1600 et. Seq.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgement, may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6910

(I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code §6910, to surrender physical custody of such minor to (my) (our) above named agent(s) upon completion of treatment. This authorization is given pursuant to California Health Safety Code §1283.

This authorization shall remain in effect while the above minor is in route to or from, or involved or participating in any program or activity of Yosemite Youth Basketball Association, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Name of Parent/Guardian: _____

Name of Parent/Guardian: _____

Home Address: _____

City: _____ State, Zip Code: _____

Home Phone: _____ Work Phone: _____

Doctor's name: _____ Doctor's phone: _____

Insurance Carrier: _____ Policy #: _____

List important Medical Information (Allergies, Medications, etc.): _____

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date



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ATHLETE WAIVER/RELEASE FORM ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in any Amateur Athletic Union of the U.S. Inc. activity ("Activity") or other Yosemite Youth Basketball Association event I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Amateur Athletic Union of the U.S. Inc. (AAU), Yosemite Youth Basketball Association, related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each and the AAU's Associations, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by the AAU, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the release's, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

AGREEMENT TO PARTICIPATE

I, or we, grant to the Directors, Assistants, or assigned chaperons of YYBA to act as guardians/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child en route to or from or at the site of event or hospital or other medical facility. I understand that should a health emergency arise, I will be attempted to be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

I hereby authorize YYBA/AAU to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose, which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participating in any AAU event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation in any event, nor will I receive any payment for the possible commercial use of my name or likeness.

INSURANCE: AAU membership provides excess medical insurance for any member athlete participating in an AAU-sanctioned practice or event. If the athlete has other medical coverage, theirs will be applied first, followed by AAU insurance.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____ PHONE: _____

PARTICIPANT'S SIGNATURE (only if age 18 or over): _____ DATE: _____

MINOR RELEASE: AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUE AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
(only if participant is under the age of 18)