ShootingStars



Basketball Program

Director/Coach:
Telephone:Lorenzo Dock
(917) 701-1010Email:coach@vsshootingstars.com
Memberservices@vsshootingstars.com

AAU Certified NCAA Certified Jr NBA

Executive Officer:Lheia D.Telephone:(516) 668--6800Email:Lrd@vsshootingstars.com

AAU BASKETBALL PLAYER REGISTRATION

Please scan or submit birth certificate copy

Parent(s) Name

Address				
Cell Phone		Mail	Home Phone	
Player Name		Player's School		
Player's Cell	Ma	$le \square$ Female \square		
Alternate Cell	Player"s DOB	Player's Grade (As of March)	Emergency Phone	
In consideration for being acce		Basketball program, the undersigned parent/grager:	uardian/representative of the	
defect or injury which 2. Agree, acknowledge a physical activities that said risks. All photos	would affect the basketball player from nd fully understand that the basketball involve the risk of serious injury; the and videos taken by the organization a	and condition and that they are not aware of an n engaging in strenuous physical activity. player will be engaged in the sport of basketba undersigned further agrees to assume and accep re the exclusive property of ShootingStars for prohibited without prior written agreement.	Il and other strenuous pt personal responsibility for	

3. Releases, waives, discharges and agrees not to sue ShootingStars Basketball Program, the sponsors, and its respective agents, commissioners, directors, officers, coaches, referees, employees, other participants and the owners, lessors, and/or lessee of any of the premises used to conduct the activities of the basketball program from any and all liability to each of the undersigned his or her heirs, assigns and/or next of kin for any and all lawsuits, claims, demands, losses or damages on account of any injury or damage to property, used or alleged to be caused in whole or in part by the pedigent/careless conduct of the above named Releases or any third party facilitated.

caused or alleged to be caused in whole or in part by the negligent/careless conduct of the above named Releasees or any third party facilitated through the NY, VS, NV...ShootingStars basketball Program. WE HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND SIGN IT KNOWINGLY AND VOLUNTARIILY.

Parent/Guardian/Representative Signature Date

111 South Franklin Avenue, #2	1221. Valley Stream I	NY 11582-1221* (917) -701-1010 or (516) 668-6800
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organization of VsShootingsStars, NyShootingStars, NVShootingStars