

Contact Information

Program Fee

Fee is determined by individual team budget.
Make Checks Payable to Dayton Vipers

Talent is Important Commitment is Critical

Basketball Program Goals

Goals:
Improve as a basketball player. Gain confidence as a young player. Have fun.

Team's Commitment to You:
Provide practice with quality coaching to help you **improve** as a player.
Provide weekend tournaments with competition that helps you **improve** as player.
Provide positive environment that encourages you to be **aggressive** and **enjoy** learning this game.

Your Commitment to the Team
Your priorities regarding this team are God, Family, School, Basketball, then all the other stuff. There will be times when you must miss practice or games for church, school (academic) or family functions. A coach should be called prior to that practice.. **We need you at practice!** Work Hard! Listen! Work Hard!
Have fun getting to know the other guys on the team. That is the best part of AAU basketball.

Player Information			
Last Name	First Name	Date of Birth	Grade
Address	City, State Zip	School	Height
Parent / Guardian Information			
Father/Guardian	Home Phone	Employer	
E-mail	Cell Phone	Work Phone	
Mother/Guardian	Home Phone	Employer	
E-mail	Cell Phone	Work Phone	

Uniform Top Size:
(YL, AS, AM, AL,AXL)

Uniform Bottom Size:
(YL, AS, AM, AL,AXL)

Number Preferred:
1st _____ 2nd _____ 3rd _____

Please Read Carefully—Release Must Be Signed

Does this child have any disabilities, present injuries or limitations, allergies, heart condition, respiratory illness or any other significant medical condition? _____

If yes, please explain condition. _____
If you wish to have your family doctor contacted in case of emergency:

Doctor's Name _____ Phone # _____

Emergency Authorization

I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/ vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency I hereby authorize treatment, and/or care at any hospital.

Parent/Guardian Name _____ Signature _____

If there is an emergency and I cannot be reached, please contact: _____ Phone # _____

Waiver of Liability and Disclaimer

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I hereby release, discharge, and hold harmless Dayton Vipers Basketball, coaches and volunteers from any claims arising out of or relating to any physical injury that may result to said individual while participating in activities.

Signature of Parent or Guardian _____ Date _____

DAYTON

VIPERS



AAU
Basketball