

**2003 AMATEUR ATHLETIC UNION
SENIOR BOYS' BASKETBALL NATIONAL CHAMPIONSHIP
TEAM ENTRY FORM (Form 1A)**

Entry Deadline: Received by Friday July 11, 2003. **Late entries will not be accepted!**
Guaranteed overnight delivery is highly recommended to meet deadline date!

REMEMBER TO SEND ALL ITEMS REQUIRED ON PAGE 3 (Instructions to Enter)

To: If submitting via **US Mail** (regular or express): AAU National Headquarters,
Attn: Senior Boy's Basketball, P.O Box 22409, Lake Buena Vista, FL 32830

To: If submitting via **overnight delivery** (Fed Ex, Airborne, or UPS) : AAU National Headquarters,
Attn: Senior Boys' Basketball, 1910 Hotel Plaza Blvd., Lake Buena Vista, FL 32830

AAU Association _____ Team Name _____
(Circle) Qualifying Event your team participated in: Association Qualifier Spring Classic I Spring Classic II
Super Regional (Please put Location) _____

(Please list the top four (4) finishers at the Qualifying Tournament your team participated in:

First Place Team Name _____ Second Place Team Name _____

Third Place Team Name _____ Fourth Place Team Name _____

Please list place your team finished if they were not a Top Four Finisher: _____

COACHES INFORMATION

| | | | |
|-------------------|------------------|-------------------------------------|------------------|
| Head Coach | AAU Membership # | Assistant Coach | AAU Membership # |
| Address | | Address | |
| City, State, Zip | | City, State, Zip | |
| Home Phone | Work Phone | Home Phone | Work Phone |
| | Fax No. | | Fax No. |
| * Email* | | * Email* | |
| Cell Phone | | Cell Phone | |
| Hotel/Housing | | Hotel/Housing | |
| Assistant Coach | AAU Membership # | Team Parent or Other Contact Person | AAU Membership # |
| Address | | Address | |
| City, State, Zip | | City, State, Zip | |
| Home Phone | Work Phone | Home Phone | Work Phone |
| | Fax No. | | Fax No. |
| * Email* | | * Email* | |
| Cell Phone | | Cell Phone | |
| Hotel/Housing | | Hotel/Housing | |

MUST HAVE ALTERNATE NAMES & PHONE NUMBERS OTHER THAN HEAD COACH

WE STRONGLY RECOMMEND THAT YOU LIST AN EMAIL CONTACT PERSON

**2003 AMATEUR ATHLETIC UNION
SENIOR BOYS' BASKETBALL NATIONAL CHAMPIONSHIP
TEAM ENTRY FORM (Form 1B)**

Entry Deadline: Received by Friday, July 11, 2003 **Late entries will not be accepted!**
Guaranteed overnight delivery is highly recommended to meet deadline date!

REMEMBER TO SEND ALL ITEMS REQUIRED ON PAGE 1 (Instructions to Enter)

To: 2003 AAU Junior Olympic Games,
Detroit Metro Sports Commission, 211 W. Fort Street, Suite 1000, Detroit, MI 48226

COMPLETE ALL AREAS BEFORE SUBMITTING

AAU Association _____ Team Name _____

(Circle) Qualifying Event your team participated in: Association Qualifier Spring Classic I Spring Classic II
Super Regional(Please put Location) _____

(Please list the top four (4) finishers at the Qualifying Tournament your team participated in:

First Place Team Name _____ Second Place Team Name _____

Third Place Team Name _____ Fourth Place Team Name _____

Please list place your team finished if they were not a Top Four Finisher: _____

COACHES INFORMATION

| | |
|--|---|
| Head Coach AAU Membership # _____ | Assistant Coach AAU Membership # _____ |
| Address | Address |
| City, State, Zip | City, State, Zip |
| Home Phone Work Phone | Home Phone Work Phone |
| Fax No. | Fax No. |
| * Email* | * Email* |
| Cell Phone | Cell Phone |
| Hotel/Housing | Hotel/Housing |

| | |
|---|---|
| Assistant Coach AAU Membership # _____ | Team Parent or Other Contact Person AAU Membership # _____ |
| Address | Address |
| City, State, Zip | City, State, Zip |
| Home Phone Work Phone | Home Phone Work Phone |
| Fax No. | Fax No. |
| * Email * | * Email* |
| Cell Phone | Cell Phone |
| Hotel/Housing | Hotel/Housing |

MUST HAVE ALTERNATE NAMES & PHONE NUMBERS OTHER THAN HEAD COACH
WE STRONGLY RECOMMEND THAT YOU LIST AN EMAIL CONTACT PERSON

AMATEUR ATHLETIC UNION
SENIOR BOYS' BASKETBALL NATIONAL CHAMPIONSHIP
Form 2-A



OFFICIAL TEAM ROSTER

TEAM NAME _____ AAU ASSOCIATION _____

ASSOCIATION ROSTER – NOT TO EXCEED 15 PLAYERS

| JERSEY # White/Dark | TYPE NAME NAME (LAST, FIRST) | AAU MEMBERSHIP # s | HEIGHT/ WEIGHT | BIRTH DATE | GRADE EXCEPTION Y/N | | Did they participate in Association Championship | | Cross Boundary Athlete | |
|------------------------|---------------------------------|--------------------|-------------------|---------------|---------------------------|---|---|---|------------------------------|---|
| | | | | | Y | N | Y | N | Y | N |
| 1. / | | | | | Y | N | Y | N | Y | N |
| 2. / | | | | | Y | N | Y | N | Y | N |
| 3. / | | | | | Y | N | Y | N | Y | N |
| 4. / | | | | | Y | N | Y | N | Y | N |
| 5. / | | | | | Y | N | Y | N | Y | N |
| 6. / | | | | | Y | N | Y | N | Y | N |
| 7. / | | | | | Y | N | Y | N | Y | N |
| 8. / | | | | | Y | N | Y | N | Y | N |
| 9. / | | | | | Y | N | Y | N | Y | N |
| 10. / | | | | | Y | N | Y | N | Y | N |
| 11. / | | | | | Y | N | Y | N | Y | N |
| 12. / | | | | | Y | N | Y | N | Y | N |
| 13. / | | | | | Y | N | Y | N | Y | N |
| 14. / | | | | | Y | N | Y | N | Y | N |
| 15. / | | | | | Y | N | Y | N | Y | N |

PLAYERS ADDED FOR NATIONAL CHAMPIONSHIP (Total Participants in Nationals not to exceed **15 TOTAL**. Teams cannot **ADD/REPLACE** more than **FIVE (5)**)

| | | | | | | | | | | |
|----|--|--|--|--|---|---|---|---|---|---|
| 1. | | | | | Y | N | Y | N | Y | N |
| 2. | | | | | Y | N | Y | N | Y | N |
| 3. | | | | | Y | N | Y | N | Y | N |
| 4. | | | | | Y | N | Y | N | Y | N |
| 5. | | | | | Y | N | Y | N | Y | N |

LIST THE FOUR (4) NON-PLAYERS THAT ARE ALLOWED ON BENCH:

HEAD COACH: _____ MEMBERSHIP # _____
 2. _____ MEMBERSHIP # _____
 3. _____ MEMBERSHIP # _____
 4. _____ MEMBERSHIP # _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT _____
 (Signature of Head Coach)

CONTACT INFORMATION

PHONE (H) _____ (W) _____ FAX _____
 MOBILE/PAGER _____ EMAIL _____

AMATEUR ATHLETIC UNION
SENIOR BOYS' BASKETBALL NATIONAL CHAMPIONSHIP
Form 2-B



OFFICIAL TEAM ROSTER

TEAM NAME _____ AAU ASSOCIATION _____

ASSOCIATION ROSTER – NOT TO EXCEED 15 PLAYERS

| JERSEY # White/Dark | TYPE NAME NAME (LAST, FIRST) | AAU MEMBERSHIP # s | HEIGHT/ WEIGHT | BIRTH DATE | GRADE EXCEPTION Y/N | | Did they participate in Association Championship | | Cross Boundary Athlete | |
|------------------------|---------------------------------|--------------------|-------------------|---------------|---------------------------|---|---|---|------------------------------|---|
| | | | | | Y | N | Y | N | Y | N |
| 1. / | | | | | Y | N | Y | N | Y | N |
| 2. / | | | | | Y | N | Y | N | Y | N |
| 3. / | | | | | Y | N | Y | N | Y | N |
| 4. / | | | | | Y | N | Y | N | Y | N |
| 5. / | | | | | Y | N | Y | N | Y | N |
| 6. / | | | | | Y | N | Y | N | Y | N |
| 7. / | | | | | Y | N | Y | N | Y | N |
| 8. / | | | | | Y | N | Y | N | Y | N |
| 9. / | | | | | Y | N | Y | N | Y | N |
| 10. / | | | | | Y | N | Y | N | Y | N |
| 11. / | | | | | Y | N | Y | N | Y | N |
| 12. / | | | | | Y | N | Y | N | Y | N |
| 13. / | | | | | Y | N | Y | N | Y | N |
| 14. / | | | | | Y | N | Y | N | Y | N |
| 15. / | | | | | Y | N | Y | N | Y | N |

PLAYERS ADDED FOR NATIONAL CHAMPIONSHIP (Total Participants in Nationals not to exceed **15 TOTAL**. Teams cannot **ADD/REPLACE** more than **FIVE (5)**)

| | | | | | | | | | | |
|----|--|--|--|--|---|---|---|---|---|---|
| 1. | | | | | Y | N | Y | N | Y | N |
| 2. | | | | | Y | N | Y | N | Y | N |
| 3. | | | | | Y | N | Y | N | Y | N |
| 4. | | | | | Y | N | Y | N | Y | N |
| 5. | | | | | Y | N | Y | N | Y | N |

LIST THE FOUR (4) NON-PLAYERS THAT ARE ALLOWED ON BENCH:

HEAD COACH: _____ MEMBERSHIP # _____
 2. _____ MEMBERSHIP # _____
 3. _____ MEMBERSHIP # _____
 4. _____ MEMBERSHIP # _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT _____
 (Signature of Head Coach)

CONTACT INFORMATION

PHONE (H) _____ (W) _____ FAX _____
 MOBILE/PAGER _____ EMAIL _____



**2003 AAU SENIOR BOYS'
BASKETBALL NATIONAL
CHAMPIONSHIP
INDIVIDUAL ENTRY FORM
Form 3**



INSTRUCTIONS

- 1) Read all entry information and instructions before completing this document.
- 2) Complete all areas and provide all requested information. **Failure to complete all areas of this form will delay the processing of your team's entry.**
- 3) Be sure to have the parent or guardian sign and date the Athlete Waiver/Release Form and Agreement to Participate.
- 4) Send this completed entry form, with a **COPY** of your birth certificate, and a current photo with your entry packet to AAU National Headquarters in Orlando, FL.

**ATTACH
CURRENT
PHOTO HERE**

COMPLETE ALL AREAS BEFORE SUBMITTING

Team Name

| |
|--|
| |
|--|

Athlete's First Name MI Last Name

| | | |
|--|--|--|
| | | |
|--|--|--|

Street Address (Apartment/Building/Unit)

| |
|--|
| |
|--|

City State Zip Code Home Phone No. Including Area Code

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Sex Date of Birth (Mo/Day/Year) Age AAU Membership Number

| | | | |
|---|--|--|--|
| M | | | |
|---|--|--|--|

Grade Next Year Height Weight School You Attend City of School

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Mother's Name/Work/Home Phone Father's Name/ Work/Home Phone Guardian's Name/Work/Home Phone

| | | |
|--|--|--|
| | | |
|--|--|--|

Guardians EMAIL ADDRESS _____

Hotel (Housing) in Detroit, MI _____

ATHLETE'S SIGNATURE: _____

| | |
|----------------------------|---|
| TOURNAMENT USE ONLY | ATHLETE'S SIGNATURE UPON CHECK-IN *DO NOT SIGN BEFORE REGISTRATION* |
|----------------------------|---|

Form 5

AAU BOYS' BASKETBALL GRADE EXCEPTION FORM



THIS IS A MASTER FORM - MAKES COPIES AS NEEDED

This form must be completed and attached to each player's birth certificate who is competing under the grade exception rule. The form must be signed by an administrator of the player's school.

NOTE: All information is necessary for proper identification. Player will be rejected if information is incomplete.

CLUB/TEAM NAME: _____

AGE/GRADE DIVISION: _____

PLAYER NAME: _____

PLAYER ADDRESS: _____

PLAYER PHONE NUMBER: _____

SCHOOL ATTENDING 2002-2003: _____

SCHOOL ADDRESS: _____

_____ CITY STATE ZIP

SCHOOL PHONE NUMBER: _____

This is to certify that as of 3/1/03 _____ was attending the school listed above and was in the _____ grade.

_____ SCHOOL ADMINISTRATOR SIGNATURE POSITION DATE

ATHLETE WAIVER/RELEASE FORM ("AGREEMENT")

IN CONSIDERATION of my/the minor's participation in any way in any Amateur Athletic Union of the U.S., Inc., activity ("ACTIVITY") I, for myself, the minor, 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/ the minor is 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/ the minor 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/ the minor's 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; (c) 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/ the minor incurs as a result of my/the minor's participation in the Activity. 3. HEREBY RELEASE, AND FOREVER DISCHARGE, AND COVENANT NOT TO SUE the Amateur Athletic Union of the U.S. Inc. ("AAU"), the Michigan Association of the AAU, the Detroit Metro Sports Commission, its sponsors and suppliers, the State of Michigan, City of Detroit, the Counties of Wayne, Washtenaw, Oakland and Macomb, the Detroit Metro Convention & Visitors Bureau and the municipalities in which any such activity is conducted, their parent, related, affiliated, and subsidiary companies, as well as the officers, directors, agents, employees, representatives, successors and assigns of each of the foregoing entities, 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/THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION OR NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING, BUT NOT LIMITED TO 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/the minor's behalf, makes a claim against any of the Releases, 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. This Agreement shall be governed by the laws of the State of Florida, and any legal action relating to or arising out of this Agreement shall be brought exclusively in binding Arbitration in Orange County, Florida, through AAA Arbitration or other Arbiter approved by RELEASEES, and subject to the Rules of AAA or the applicable Arbiter, and applicable Florida law.

Agreement to Participate

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

I hereby authorize the AAU to allow the reproduction, dissemination, and/or publication of my / the minor's name and/or 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/the minor's participation in this AAU event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my/the minor's participation in this event, nor will I/the minor receive any payment for the possible commercial use of my/the minor's name or likeness. INSURANCE: AAU membership provides excess medical insurance for any member athlete participating in an AAU-sanctioned practice or event. If such 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:** _____

TEAM NAME: _____

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—AS IS, WITHOUT MODIFICATION OR ACCOMMODATION. I HEREBY RELEASE, FOREVER DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES 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 ACTION, INACTION AND/OR 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 AND/OR ARBITRATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGES, OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ **DATE:** _____

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