



# 2003 AAU Junior Olympic Games Girl's Basketball National Championship

## TEAM ENTRY FORM

## FORM #1

**ENTRY DEADLINE:** Received by Monday, July 7, 2003. **Late entries will not be accepted! Guaranteed overnight delivery is highly recommended to meet deadline date!**

**ENTRY FEE:** \$600.00 per team.  
All fees are non-refundable. (No personal checks accepted.)  
Please send money orders or certified checks **ONLY**.

- SEND:**
- 1) This Team Entry Form #1 with fee payment of \$600.00 made payable to AAU Girls Basketball
  - 2) Team Roster AAU Form 3-B (Yellow Form)
  - 3) Individual Athlete Entry Forms - Form #2 (with individual picture), and signed Athlete Waiver/Release and Agreement to Participate Form (on back)

**TO:** Malcolm "B" Brian  
1719 Silliman, Baton Rouge, LA 70808



### COMPLETE ALL AREAS BEFORE SUBMITTING

AAU Association \_\_\_\_\_ Colors \_\_\_\_\_  
Team Name \_\_\_\_\_ Nickname \_\_\_\_\_

### COACHES INFORMATION

Head Coach	AAU Membership #
Address	
City, State, Zip	
Home Phone	Work Phone
E-mail address:	
Fax No.	Hotel/Housing in Detroit, MI

Bench #3	AAU Membership #
Home Phone	Work Phone
E-mail address:	
Bench #4	AAU Membership #
Home Phone	Work Phone
E-mail address:	

Assistant Coach	AAU Membership #
Address	
City, State, Zip	
Home Phone	Work Phone
E-mail address:	
Fax No.	Hotel/Housing in Detroit, MI

Team has accommodations at: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Team Contact: \_\_\_\_\_  
 \_\_\_\_\_  
 Cell Phone # at Tournament: \_\_\_\_\_

LATE ENTRIES WILL NOT BE ACCEPTED BEYOND THE DEADLINE DATE

### FOR OFFICIAL USE ONLY

TEAM ENTRY FORM COMPLETED       OFFICIAL ROSTER FORM COMPLETED       CORRECT ENTRY FEE PAID



You have approval to make additional copies of this form as needed.

Thank you for supporting the AAU National Sponsors.



# 2003 AAU Junior Olympic Games Girls' Basketball National Championship

## INDIVIDUAL ATHLETE ENTRY FORM

**FORM #2**

PLEASE MAIL THIS FORM TO:

Malcolm "B" Brian  
1719 Silliman  
Baton Rouge, LA 70808

STAPLE  
CURRENT  
WALLET-SIZE  
PHOTO  
HERE



**COMPLETE ALL AREAS BEFORE SUBMITTING**  
PLEASE PRINT-USE BLACK INK

Team Name

Athlete's Last Name

First Name

MI

Street Address (Apartment/Building/Unit)

City

State

Zip Code

Home Phone Number including Area Code

Date of Birth (Mo/Day/Year)

Age

AAU Membership Number

E-mail Address

Hotel (Housing) in Detroit, MI: \_\_\_\_\_

### TOURNAMENT USE ONLY

Athlete's Signature  
Upon Submission of Forms \_\_\_\_\_

Athlete's Signature **\*\*Do not sign before July 25, 2002**  
Upon Check-In \_\_\_\_\_

BE SURE TO SIGN ATHLETE WAIVER/RELEASE AND AGREEMENT TO PARTICIPATE FORM ON BACK

LATE ENTRIES WILL NOT BE ACCEPTED BEYOND THE DEADLINE DATE

### FOR OFFICIAL USE ONLY

ENTRY FORM COMPLETED

ATHLETE'S WAIVER/RELEASE AND AGREEMENT TO PARTICIPATE FORM

ATHLETE'S PHOTO



MIDWEST TROPHY  
MANUFACTURING COMPANY, INC.



You have approval to make additional copies of this form as needed.

Thank you for supporting the AAU National Sponsors.

## 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):** \_\_\_\_\_



