

## 2003 AAU Junior Olympic Games Table Tennis



### INDIVIDUAL ATHLETE ENTRY FORM

### INSTRUCTIONS

- 1) Read all entry information and instructions before completing this document.
- 2) Complete all areas on the reverse side of this form and provide all requested information. Failure to complete all areas of this form will delay the processing of your entry.
- 3) Be sure to sign and date the Agreement to Participate on enclosed form.

# ENTRYReceived by Wednesday, July 2, 2003. Late entries will not be accepted!DEADLINE:Guaranteed overnight delivery is highly recommended to meet deadline date!

- SEND: 1) Table Tennis Individual Athlete Entry Form signed and completed,
  - 3) Correct Entry Fee of \$50.00, and
  - 4) Signed Athlete Waiver/Release Form.

### ENTRY

FEE: \$50.00 per athlete.

All fees are non-refundable. No personal checks accepted.

Please send money orders or certified checks ONLY made payable to: 2003 AAU Junior Olympic Games.

### Mailing Address:

**2003 AAU Junior Olympic Games** Detroit Metro Sports Commission 211 West Fort Street, Suite 1000 Detroit, MI 48226

**NOTE:** All athletes and coaches must be current AAU members and present valid AAU Membership Cards at Check-In.

### LATE ENTRIES WILL NOT BE ACCEPTED BEYOND THE DEADLINE DATE











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

Thank you for supporting the AAU National Sponsors.

2003
AAU Junior
Junior Olympic Games
or MICH

### 2003 AAU Junior Olympic Games Table Tennis



INDIVIDUAL ATHLETE ENTRY FORM

COMPLETE /	ALL AREAS E	BEFORE SUB	BMITTING	
Athlete's First Name	M	Last Name		
Street Address (Apartment/Building/Unit)				
City	State Zi	p Code	Home Phone Numbe	r including Area Code
Sex M/F) Date of Birth (Mo/Day/Year) Age AAU Mer	nbership Number			
-mail Address:				

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

### **EVENT INFORMATION**

NOTE: Age group is determined by athlete's age on Wednesday, July 30, 2003.

- Each athlete will automatically be entered in one Junior Olympic Singles event, and three Junior Nationals events where possible; sign-ups for Doubles and Teams will take place at the playing site.
- Athletes from the same state or AAU Association may enter the Team Event.

USTTA Rating (If known) \_\_\_\_\_ USTTA Membership Number \_\_\_\_\_

### SEE FRONT OF FORM FOR ALL INSTRUCTIONS BE SURE TO SIGN "AGREEMENT TO PARTICIPATE" BEFORE SUBMITTING ENTRY FORM

LATE ENTRIES WILL NOT BE ACCEPTED BEYOND THE DEADLINE DATE

### FOR OFFICIAL USE ONLY

□ ENTRY FORM COMPLETED

CORRECT FEE PAID

□ ATHLETE'S WAIVER/RELEASE FORM

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

#### 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**

Lor 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:\_\_\_\_\_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):							



## 2003 AAU Junior Olympic Games Coach's Entry Form



#### **INSTRUCTIONS** Read all entry information and instructions before completing this document. 1) 2) Complete all areas on the reverse side of this form and provide all requested information. Failure to complete all areas of this form will delay the processing of your entry. 3) Reminder: If you are participating in the teams sports of DANCE, TENNIS or WRESTLING, please refer to your sport's entry information for procedures on registering coaches. **ENTRY** Received no later than Wednesday, July 9, 2003. Guaranteed overnight delivery is highly recommended to meet deadline date and avoid late fees! Depending on the sport, **DEADLINE:** late entries may not be accepted! \$35.00 per coach for individual sports ONLY. **ENTRY** FEE: NOTE: Coaches participating in the team sports will receive a maximum number of coaches credentials per team as part of the overall team entry fee. All coaches must submit the Coach Entry Form with the team entry packet. WRESTLING - maximum of three (3) coaches per team TENNIS – maximum of two (2) coaches per team DANCE – one (1) coach credential for small/medium teams, two (2) for large teams Additional coaches may register by submitting the \$35.00 entry fee. All fees are non-refundable. No personal checks accepted. Please send money order or certified checks ONLY made payable to: 2003 AAU Junior Olympic Games. 1) Coach's Entry Form with all fields completed, and SEND: 2) Correct Entry Fee of \$35.00 FOR INDIVIDUAL SPORTS ONLY Mailing Address: 2003 AAU Junior Olympic Games **Detroit Metro Sports Commission** 211 West Fort Street, Suite 1000 Detroit, MI 48226 AAU All coaches must be AAU members and present a current 2003 AAU Membership at Check-in in Detroit in order to receive coach's credentials. AAU Membership is \$12.00 per coach. **MEMBERSHIP:** Register instantly on-line at www.aausports.org or contact your local AAU Association at 1-800-AAU-4USA. Note: The \$35.00 coach entry fee does not cover your AAU membership. All coaches who submit entry forms which are **received** after the July 9 deadline date and those LATE FEE: coaches wishing to register for the event on-site, will be required to pay an additional fee of \$10.00 upon registration. Avoid long lines and extra fees by submitting your entry form by the deadline date! NOTE: Please note that for the sports of KARATE and TAEKWONDO, you must also be an AAU-certified coach who has attended a national clinic. Please see your entry materials for the dates and times. For additional information regarding coach registration, please contact the AAU National

Headquarters at 407-934-7200. You have approval to make additional copies of this form as needed.



### 2003 AAU Junior Olympic Games Coach's Entry Form



### COMPLETE ALL AREAS BEFORE SUBMITTING

Coach's First Name	MI Last Name							
Street Address (Apartment/Building/Unit)								
City State Zip Code Home Phone Number including Area Ca								
Sex (M/F) Date of Birth (Mo/Day/Year) Age AAU Membership Numb	er							
E-mail Address (please include):								
Team Name (or Individual) you will coach:								
PLEASE CHECK SPORT YOU WILL COACH								
🗇 Baton Twirling 🛛 🗇 Ju	ump Rope 🛛 🗇 Tennis							
Cheerleading	Carate 🛛 Trampoline & Tumbling							
🗇 Dance – Dance/Drill Team 🛛 🗇 P	owerlifting 🛛 🗇 Weightlifting							
🗆 Field Hockey 🗆 S	wimming 🛛 🗖 Wrestling							

🗆 Golf

Gymnastics

Hotel (Housing) in Detroit, MI:\_

Many of the sports in the AAU Junior Olympic Games conduct mandatory coaches meetings prior to or during competition. Please be sure to read all entry materials for the times, dates, and locations of such meetings.

□ Table Tennis

□ Taekwondo

Coach's entry forms <u>received</u> after the July 9 deadline date will be required to pay an additional late fee of \$10.00 upon registration.

### FOR OFFICIAL USE ONLY

COACH'S ENTRY FORM COMPLETED











CORRECT FEE PAID (INDIVIDUAL SPORTS ONLY)

Rawlings

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

Thank you for supporting the AAU National Sponsors.