



**LET'S GET READY FOR 2015!**  
**2014 AAU HOLIDAY WORKSHOP AND TOURNAMENT**  
**REGISTRATION FORM**

Please complete one registration form for both youth and adult participants.

<b>Name</b>		<b>2015 AAU Membership # (Required)</b>	
<b>Date of Birth</b>	<b>Age as of September 1, 2015</b>	<b>Male or Female</b>	
<b>Team or Club Name (if applicable)</b>		<b>Coach or Leader's Name</b>	
<b>Participant Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Email Address</b>		<b>Phone Number</b>	
<b>Parent/Guardian Name</b>		<b>Emergency Contact Name</b>	<b>Emergency Contact Phone No.</b>

**Registration Fees:**

Early Bird fee \$70.00 (*before 10/15/14*)..... \_\_\_\_\_  
 Regular fee \$80.00 (*after 10/15/14*) ..... \_\_\_\_\_  
 T-shirts ..... \_\_\_\_\_ x \$15.00 = \_\_\_\_\_  
 Box Lunch ..... \_\_\_\_\_ x \$ 7.00 = \_\_\_\_\_

**Total Amount Enclosed**..... \_\_\_\_\_

**Credit Card payment: Master Card Visa Amex**  
**Card No.** \_\_\_\_\_ **Valid thru:** \_\_\_\_\_

**Checks should be payable to AAU Jump Rope.**

**Completed forms with Check or Credit Card payable to AAU Jump Rope**

**Event T-Shirts (must order by December 1st)**

Event t-shirts may be purchased for \$15 each.  
 Please indicate quantity and size(s) below:

\_\_\_ YS            \_\_\_ AS            \_\_\_ AXL  
 \_\_\_ YM            \_\_\_ AM            \_\_\_ XXL (add \$2)  
 \_\_\_ YL            \_\_\_ AL

Total Shirts Ordered: \_\_\_\_\_

Mail completed forms and payment to AAU Jump Rope, P.O. Box 22409, Lake Buena Vista, FL 32830

**PARTICIPANT AGREEMENT**

(Must be signed by parent or guardian if applicant is under 18)

I/we hereby request your acceptance of this application for registration of my child, \_\_\_\_\_, in the AAU Holiday Workshop and Tournament on December 30-31, 2014. In consideration of your acceptance of this application, I/we hereby release all persons associated with the Amateur Athletic Union (AAU), or its designated hosts from all claims and causes of action arising from injury to the participant in this AAU participation event, whether such injury is the result of negligence or some other cause. If medical attention is required for injury or illness while at the event, I/we also give permission for such medical care and I/we shall be financially responsible. I/we also give my/our permission for the AAU to use any videos or photographs of the participant for publicity or promotional purposes.

\_\_\_\_\_  
 Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
 Date