



Player Registration Form

Official Use Only 12U 13U 14U 17U
 Player Evaluation # _____
 Position 1 2 3 4 5 Circle all that apply
 Defense _____ Rebounding _____
 Shooting _____ Ball Handling _____
 Attitude _____ Overall _____

First Name _____ Last Name _____ DOB _____

Address _____ City/Town _____ Zip Code _____

Home Phone _____ School Currently Attending & Grade _____

Parent/Guardian First Name _____ Last Name _____

Address (if different) _____ City/Town _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-mail _____

Is the player and/or parent/guardian a current AAU member? _____

If so, what club and/or sport? _____

Shoe size _____ Jersey size: S M L XL XXL Short size: S M L XL XXL

Please list all playing experience. Be as specific as possible.

By signing below, I am granting permission to my son to tryout for the Connecticut Coast Basketball Program (aka the Program). I understand that until my son is invited to the program and becomes an AAU member in good standing that the Program is not liable for any injury that may occur during the evaluation process and is not covered by any AAU insurance policy known or unknown. This form is not a binding contract for the player or the program and is not a guarantee the player will be invited to join the Program, nor is it a guarantee that an invited player will become a member.

Signed _____ Date _____

Print Name _____