



2010 Season
CT Panthers
AAU Registration Form

Player's Name Phone (Home/Cell)

Street Address City Zip Code

Date of Birth Age School Grade

Jersey Size: _____ Shorts Size: _____

Pants Size: _____ Shirt Size: _____ (YL – 3XL Adult)

Parent's Name (Mother/Father or Guardian)

Work Phone Number Cell Phone Number

Parent's email address Player's e-mail address

Emergency contact Name and Phone number (other than person above)

Please list any Medical Conditions, allergies or medications taken by player

Parental Consent:

I hereby give my son or daughter permission to participate in CT Panthers AAU activities. I know that my son or daughter participation in the CT Panthers AAU activities is potentially hazardous and can cause bodily injury or death. I clearly understand that, by signing this form and/or my involvement in CT Panthers AAU activities, I assume all risk for any injury on or off the court during my son or daughter involvement.

Parent Signature

Player Signature

Date _____

Fee: \$ Paid: ____ Checks payable to: "CT Panthers"