



Alabama Twisters Basketball Club, Inc.
2437 Jamestown Drive
Hoover, Alabama 35226
(205) 823-7174

Birth Year ____ ____
PLAYER APPLICATION

Player Information			
Last Name:	First Name:	M.I.	
Address:	City:	St:	Zip:
Telephone: () -	Soc. Sec. No.	-	-
Birthdate:	AAU Member Number:		
School:	Grade Level:		
Height:	Weight:	High School to Attend:	

Parent/Guardian Information - FATHER		(address & phone numbers if different from Player)	
Last Name:	First Name:	M.I.	
Address:	City:	St:	Zip:
Telephone: Home: -	Work: -	Fax: -	-
Telephone: Cell/Beeper: -	E-mail:		

Parent/Guardian Information - MOTHER		(address & phone numbers if different from Player)	
Last Name:	First Name:	M.I.	
Address:	City:	St:	Zip:
Telephone: Home: -	Work: -	Fax: -	-
Telephone: Cell/Beeper: -	E-mail:		

Other Contact(s)		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Playing History	
Number of Prior Seasons Played:	Best Position:
Team Name	Coach
REC/YMCA:	
Church League:	
AAU or YBOA:	
Junior High (7-8)	
Senior High (9-12)	

Outside Activities		
<i>(circle any activity that will take priority over basketball tournaments)</i>		
1.	2.	3.
<i>(i.e. softball, soccer, dance, swimming, track, etc.)</i>		

Medical Information

Are there any physical or medical conditions we should be aware of? No Yes Please explain below:

Uniform Sizes (Uniforms are club property and must be returned at the end of each season)

Shorts:	Youth	Adult	XS	S	M	L	XL	XXL
Jersey:	Youth	Adult	XS	S	M	L	XL	XXL

Parental/Guardian Participation

	Father	Mother	Prior Experience
Assistant Coaching			_____
Team Videographer/Photographer			_____
Team Statistician/Scorekeeper			_____
Publications Committee			_____
Recruiting Committee			_____
Team Representative			_____
Trainer			_____
Community Service Committee			_____
Tournament Committee			_____
Fundraising Committee			_____

I, being the parent/legal guardian of the above named player, hereby give my approval for her/his participation in any and all Alabama Twisters Basketball Club ("Twisters") activities, including tryouts. I assume all risks and hazards incidental to such participation, including transportation to and from the activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Twisters sponsors, organizers, coaches, supervisors, participants and the owners of facilities used by the Twisters, for any and all claims arising out of injury to the player, except as covered by AAU Insurance, YBOA Insurance or Motor Vehicle Insurance.

I hereby authorize Twisters officials, coaches, assistant coaches, team parents, or any other responsible persons to whom I have delegated supervision of the player, to take the player to the nearest hospital or other known medical establishment for emergency treatment in case of injury during practice and/or games, if I am not available. I will assume any and all financial responsibility for such medical care.

I understand that the uniforms used during games are the property of the Twisters and I have a duty to return them at the end of the season.

NO REFUNDS FOR FEES PAID.

Authorized Parent/Guardian: _____ / ____ / ____

Player: _____ / ____ / ____