

OLATHE ATHLETICS CLUB & AAU MEMBERSHIP REGISTRATION

Name _____
First MI Last Nickname

Date of Birth _____

Parent/Guardian Name _____

Home Phone _____

Address _____
Include City, ST and Zip

Cell/Alt Phone _____

Email _____

Insurance _____

Group Name _____

Member # _____

Group # _____

Insurance Phone # _____

Primary Insured _____

Physician Name & Phone # _____

Special Medical Concerns (please include allergies) _____

Jersey Size A / Y S M L XL Short Size A / Y S M L XL

Emergency Contact Name & Phone _____

A Notarized Copy of the Athlete's Birth Certificate is required for Membership

All information will be kept confidential. Insurance/Physician information is requested in the event of emergency.

I hereby agree to waive Olathe Athletics Club, it's Coaches, volunteers and staff from all liability, claims, judgments or demands for damages/injuries while my child is practicing or competing with Olathe Athletics Club.

I fully understand that in the event of emergency, all reasonable efforts will be made to contact me. Should I be unavailable and my child need emergency medical/surgical treatment, I give permission to the physician selected by the coaching staff to secure proper treatment, to hospitalize, order injections, anesthesia or surgery for my child as named on this form.

By paying for or authorizing payment of membership dues, I certify that 1) I have never been convicted of any sex offense nor felony; or if so, I must apply for membership (and receive approval) through the AAU National Office; and 2) this application is true and correct in every material aspect, including, but not limited to athlete birth name, address and date of birth. The applicant agrees to be bound by the AAU Code of Conduct, including all policies, which are available for review at www.aausports.org.

The Parent/Guardian of above athlete agrees to indemnify and hold harmless USD #233, it's officers, agents, servants and employees from any and all liability, damages, expenses or attorney fees of whatever kind of nature arising out of usage of the District facilities or property.

Parent/Guardian Signature