



# SANTA CRUZ QUAKEs

GIRLS' AAU BASKETBALL



## 2012 Season Quakes Player Registration

### Player Information:

Players Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
(must provide a copy of birth certificate) (must provide copy of Report Card and AAU Card)

### Contact Information:

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address (Important contact method - must be checked regularly): \_\_\_\_\_

Do you have internet access that you can check out website regularly? Y / N

### Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any physical problems, special medications, limitations of activity, or other considerations of which we should be aware? Please specify.

**I, the undersigned, being the parent - guardian of the above registrant, hereby claim that my child is in good health and able to participate in the Santa Cruz Quakes Basketball Club. I agree to hold harmless for injury, loss or damage, the Santa Cruz Quakes and any or all of its officers, coaches or volunteers. I hereby authorize the officers, coaches, or volunteers act for me according to their best judgement in any emergency requiring medical attention.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_