



AAU YOUTH ATHLETE INDIVIDUAL MEMBERSHIP APPLICATION



Use Legal Name

First		Middle		Last	
Street Address		City C	ounty	State	Zip
Application Date		Primary Phone		Birth Date (MM/DD/YYYY)	
E-Mail Address Required, Membership cards are emailed or may be printed after processing at www.aausports.org				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Club Code (if Known)		Club Name (if Known)		Sport	
<p>I certify that: this application is correct in every material aspect, including but not limited to my (street) address and birth date. The Applicant agrees to be bound by the AAU Code, including all AAU Policies, which are available for review on the AAU Web site at www.aausports.org</p> <p>If athlete/prospective member is a minor, the person completing this Application represents that he/she has the athletes parent's or guardian's consent for the athlete to become an AAU Member.</p>					
Member's Signature or Signature of person completing this application				Date	

Parental/Guardian Medical Information and Consent Form

Childs Name:					
Age:					
Date of Birth:					
Gender:					
Address:					
Home Telephone Number:					
Cell/Work/Other Telephone Number:					
Full Name of Parent:					
Parent's last 4-digits of SS# _ _ _ _ <small>(For NFL Health Insurance for child)</small>					
Emergency Contact(s) Information:					
<ol style="list-style-type: none"> 1. Name: 2. Relationship to Child: 3. Telephone Number: 					
<ol style="list-style-type: none"> 1. Name: 2. Relationship to Child: 3. Telephone Number: 					
Pediatrician/General Practitioner					
Name:					
Telephone Number:					
Details of any known special dietary requirement/allergies/medical conditions, or any other special needs, requirements, directions, etc. that would be helpful for the coaches to know about:					
Jersey Size:	Adult	MD	LG	XL	XXL
Circle One	Youth	SM	MD	LG	XL

Anything written on this form will be held in confidence by the coach/trainer. Our coaches/trainers need to know these details in order to meet the specific needs of your child. The coaches/trainers are committed to ensuring that any information gathered in relation to this program meets the specific responsibilities under HIPPA and any other data protection acts. The coaches/trainers will store the above information at The Albany County Recreation Bureau and onsite for a maximum of 12 months or at the expiration of the AAU Membership Year, whichever comes first.

As parent/guardian, I will inform the coaches/trainers of any important changes to my child's health, medication, or needs and also of any changes to our address or phone numbers.

In the event of illness or injury, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

Signature of Parent/Guardian

Print Name

Date