

FASTBREAK DREAMS II AAU 2010

Child's Name:		Home Phone:	
Address:		Mother's Name:	
City, State, Zip:		Cell/Work:	
Date of Birth:		Father's Name:	
School:		Cell/Work:	
Grade:		Emergency #:	
Email Address #1:	@	Email Address #2:	@

SPRING - SUMMER 2010 PROGRAM

AAU / TRAVEL BASKETBALL

Team Registration Fee: \$925

Additional Contribution Amount: \$ _____

TOTAL: \$ _____

Mail Registration/Contribution Form To:

FASTBREAK DREAMS II
303 W 66th Street STE. 3LW
New York, NY 10023

Please make all checks payable to FASTBREAK DREAMS II.

All contributions are tax deductible.

FASTBREAK DREAMS 2 HAS BEEN SET UP AS A **NOT FOR PROFIT 501(C) 3** UNDER THE AMATEUR ATHLETIC UNION AND ALL CONTRIBUTIONS AND DONATIONS ARE TAX DEDUCTABLE.

Liability Disclaimer: I, the parent or guardian of the above named child, hereby consent to his/her participation in the **Fastbreak** program. I certify that he/she is in good health and able to participate in all activities and in the case of emergency affecting my child, I hereby give permission for physician or hospital designated by **Fastbreak** to administer treatment to my child. I (am/am not) enclosing a note explaining any physical limitations and required medicine. In consideration of **Fastbreak** accepting this registration and permitting the participation of said child, which I believe would be educational, physical and beneficial, I hereby release, discharge, indemnify and hold harmless **Fastbreak** its officials, coaches and representatives from any and all claims, actions and liabilities arising out of or in connection with the child's participation in any aspect of **Fastbreak**. I also give permission to **Fastbreak** to use photographs and/or endorsements of above named child and/or parents in its future brochures, websites or promotional material.

Signature _____ Date _____