



# G.O.S.H., Inc.

## AAU Application

Circle position(s) you are trying out for

**PG SG SF PF C**

Name (Print) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Current Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Home Phone# \_\_\_\_\_ Parent's Work# \_\_\_\_\_

Parent's/Guardian's Cell# \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Number \_\_\_\_\_

### **Educational Information:**

Name of School Attending \_\_\_\_\_ Current Grade \_\_\_\_\_

Year of graduation from High School \_\_\_\_\_

### **Medical Information:**

Does child have allergies? Yes ( ) No ( ) To what? \_\_\_\_\_

Does child have asthma? Yes ( ) No ( ) Medical alerts? YES ( ) NO ( )

IF YES, SPECIFY \_\_\_\_\_

Does child currently have any injuries, illnesses or diseases that prohibit him from participating in any athletic activities?

Yes ( ) No ( )

If yes, please explain \_\_\_\_\_

Are you currently participating with any type of sports team/ or do you have plans to play for any other sports team other than school related teams?

Yes ( ) No ( ) If yes, name of organization/team \_\_\_\_\_

You MUST be able to travel to participate on this team. Travel is at your cost and parents MUST accompany their child(ren). Are you able to travel? Yes ( ) No ( )

*I certify that the information listed is true and has not been falsely represented. I recognize that any information that is found to be untrue will disqualify me from participating with this organization. I agree to protect, defend, indemnify and hold THE GREATER OPPRTUNITES START HERE, INC Organization and its staff, officers, coaches, volunteers, representatives and sponsors free and harmless from and against any and all losses, claims, liens, demands and causes or actions of every kind and character, including the amount of judgments.*

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

*I, the parent/Guardian of the above named youth, hereby give my approval to his/her participation in any and all of the activities of the GREATER OPPORTUNITIES START HERE, INC. Organization during the current season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do hereby release, absolve, indemnify and hold harmless the GREATER OPPRTUNITES START HERE, INC. Organization, the organizers, sponsors, volunteers, and the supervisors any or all of them. In case of injury to the youth indicated above, I hereby waive all claims against the organizers, sponsor or any of the volunteers or supervisors appointed by them. I likewise waive to the extent not covered by liability insurance any claim against any person transporting the child to or from the activities. To the best of my knowledge, his/her health permits him/her to participate in the activities of the GREATER OPPRTUNITES START HERE, INC. Organization. Participation will not aggravate any old illness/injury he/she may have suffered at any time in the past.*

*By signing this form, I acknowledge the following: I am the parent/guardian of the child listed above, and I give them permission to participate within the GREATER OPPRTUNITES START HERE, INC. organization. I also give permission for photographs and videos (website) to be used for promotion of all activities pertaining to the GREATER OPPRTUNITES START HERE, INC. organization. All participants and parent(s)/guardian(s) must attend a mandatory orientation session or the player will not be able to participate in any organization activities. All applications must be returned to staff members.*

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

**Uniform size: (circle one)**

**Adult XS S M L XL XXL XXXL**

### ***preferred #'s***

**1<sup>st</sup> choice** \_\_\_\_\_

**2<sup>nd</sup> choice** \_\_\_\_\_

**3<sup>rd</sup> choice** \_\_\_\_\_

**4<sup>th</sup> choice** \_\_\_\_\_

**5<sup>th</sup> choice** \_\_\_\_\_