

Virginia Flights Registration Form

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| Player Profile | | | | | | | | |
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|  | | |  |  | | | | |
| Player Name | | |  | Name of Previous School/Rec/Team Played (if applicable) | | | | |
|  |  |  |  |  | | |  |  |
| Grade |  | Date of Birth |  | Cell Phone | | |  | Player # |
|  | | |  |
| Name of School | | |  |
|  | | |  |
| AAU Membership # (if applicable) | | |  |
| Basketball Position and Height | | |  | Address City, ST ZIP Code | | | | |
|  | | |  |  | | | | |
| Parent or Guardian Information | | | | | | | | |
|  | | | | | | | | |
|  | | |  |  | | | | |
| Parent/Guardian Name | | |  | Secondary Contact | | | | |
|  |  |  |  |  | | |  |  |
| Cell Phone |  | Email |  | Cell Phone | | |  | Email |
|  | | |  |  | | | | |
| Address | | |  | Address | | | | |
|  | | |  |  | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | |
|  | | |  |  | | | | |
|  | | |  |  | | | | |
| Please Initial Each Policy Below: | | | | | | | | |
| \_\_\_\_\_\_By participating in our program, patrons agree to allow Virginia Flights to use photographs, video, and testimonials of participants for use in publicity materials free of any fee or usage charge.  \_\_\_\_\_\_By registering you understand that you are giving your authorization to the participates in Virginia Flights and all activities therein. I release Virginia Flights and individuals from liability in case of accident during activities related to Virginia Flights, as long as normal safety procedures have been taken. | | | | | | | | |
|  | | | | |  |  | | |
| Player Signature | | | | |  | Date | | |
|  | | | | | | | | |
|  | | | | |  |  | | |

Parents Signature Date