



AAU Prep

Middle School Prep

4th – 6th Graders

Starts March 23 (10 weeks)

\$50

Are you ready to play at the next level?

Do you want to get the attention of and be recruited by AAU coaches?

Do you plan to try out for your middle school team?



Join **SONS 4 LIFE** AAU Prep and gain the skills and confidence to play at that next level!

Participate in high-level AAU practices

Reinforce fundamental skills and learn new skills

Enhance your basketball IQ and knowledge

Improve your shooting, dribbling, rebounding and footwork

Learn to compete at a higher level

To reserve a spot, complete registration form on reverse side and mail completed form with check to:

4 Your Life

P.O. Box 4304

Frederick, MD 21705

Questions: Call (301.696.0648) or Email (robert.ingram@fouryourlife.org)

Proceeds/donations go toward funding a college tour and travel expenses for our AAU college-bound student-athletes.



For Office Use Only
Year: _____
Season: _____

AAU PREP REGISTRATION FORM

Gender: Male _____ Female _____

Player Name _____ Shirt Size _____

Address _____ City _____ State _____ Zip _____

Age _____ Birthdate _____ Grade _____ School _____

Prior Basketball Experience: Rec Middle/High School Team AAU

Parents Names _____

Home Phone (Father) _____ (Mother) _____

Cell Phone (Father) _____ (Mother) _____

Work Phone (Father) _____ (Mother) _____

Email (Father) _____ (Mother) _____

Permission to Participate

I give my child permission to participate in the *Suns 4 Life (4 Your Life)* basketball activities. I understand the physical risks associated with basketball, and to the best of my knowledge, state that my child is physically able to participate.

Waiver

As the parent or guardian of the above-mentioned child, I authorize my child's participation in all activities involving the *Suns 4 Life (4 Your Life)* AAU organization. I assume all risks incidental to such participation, both during an activity and en-route, and do, hereby, hold harmless the Amateur Athletic Union (AAU), the *Suns 4 Life (4 Your Life)* organization, and its staff, coaches, volunteers and participants.

Statement of Insurance

I grant permission for emergency first aid to be administered to my child. My child is covered under the following health insurance:

Insurance Company _____ Policy # _____

Parent/Guardian Signature _____ Date _____