

2017 POTOMAC VALLEY GIRLS BASKETBALL REGISTRATION CHECK LIST

Please double check to make certain that the following documents have been completed as indicated:

DATES FOR TOURNAMENTS

1. APRIL

Committee agreed on April 29th and 30th, 2017 Emory Recreation Center 3rd to 5th

2. MAY

Committee agreed on May 6th and 7th, 2017 – Fairfax High School – 6th to 8th

Committee agreed on May 20th and 21st, 2017 – Earl Wood – High School with free 3rd grade tournament for teams that played in April event.

These dates will be published on the Girls Basketball website and emailed out to the membership.

- Registration Checklist:

All items have all been checked off and you have ensured that each is complete in its entirety. You MUST complete your Team Roster online (aaugirlsbasketball.org) and then submit that roster along with the PVAAU roster. Each individual Player Entry Form must be completely filled out. **PLEASE KEEP TWO COPIES OF YOUR REGISTRATION DOCUMENTS. PLACE ONE TEAM COPY IN A BINDER TO BE PRESENTED ON REQUEST**

- Team Entry Form:

All contact information must be completely filled in including alternate names, phone numbers and e-mail addresses.

- Team Roster:

Please indicate in the applicable column (Yes or no) cross-boundary athlete. The head coach, not the team manager/parent, must sign to certify that the information is correct. All coaches must complete the PCA Coaches Certification.

- Individual Entry Form:

Master form included, makes copies as needed. Athletes should sign only where indicated (at ATHELTE'S SIGNATURE line). Athlete SHOULD NOT sign in the Tournament Use Only section.

- Birth certificate or Passport and Report cards will be accepted: No rule changes for 2017

- A photocopy of that portion of the athletes' report card for the current school year which shows name, grade and school.
- b. A certified copy of birth record from the State, County, or Municipal Bureau of Vital Statistics in the place of birth (HOSPITAL RECORDS ARE NOT ACCEPTABLE) c. Driver's License

- Protest:

All protest should be filed prior to the completion of Pool Play. Any Protest filed during the District Qualifiers will be turned over to the PVAAU Girls Basketball Review Committee. Any emergency hearing will be held by a quorum of the Girls Basketball Review Committee. Any protest filed after pool play may not stop the progress of the event and may be settled after the event. Those protest WILL be reviewed and if found to be accurate, that team will not be allowed to retain it's seeding for the National Championships.

- Photos

Attach as indicated on the individual entry form

- Tournament entry Fee

Tournament entry fees are \$350.00 each. Make checks payable to PVAAU-Girls Basketball; certified check, business check or money orders only. No personal checks will be accepted.

PVAAU GAMES MAY BE STREAMED, BROADCAST OR RECORDED THIS YEAR. PLEASE MAKE SURE YOUR PARENTS AND SUPPORTERS ARE AWARE OF THIS. ALL COACHES MUST COMPLETE THE PCA COACHES CLASS AT WWW.AAUSPORTS.ORG.

Once you have put your registration package together as instructed, please enclose information in a large 9x12 envelope. The Registration checklist should be taped or stapled to the front of the sealed envelope. This is the package to be presented at the in-person Registration. You must turn in your packet at one of the scheduled registration dates. Package must be received by the last day of registration for the applicable age group: Any request for an extension to the registration deadline must be approved by Melody Britt or P. K. Martin.

If the contents of your package are completed properly and all is in order, the registration process will move quickly.

DATES OF THE 2017 CHAMPIONSHIPS REGISTRATION

Any team that brings a new Organization to the 2017 registration will receive a \$50.00 discount for each organization. If a team recommends/refers 5 New Organizations/ teams, they will receive free registration for a team in 2017 and 2018. All new team introductions must be made in writing to P. K. Martin at pkSPORTSS@yahoo.com

The PVAAU Girls Basketball program will be operating as a committee in 2017. This committee will be responsible for the operation of the Championship Tournament. We are seeking committee members to host future events. The current committee members are.....

P. K. MARTIN – GOVERNOR

Andy Stadnik, Lt Governor

KEVIN HARRIS, GBC Member

MELODY BRITT - 2 LT GOVERNOR

BRIDGET COSTIGEN – GBC Member

MARCUS CLIFTON – GBC Member

ALVA AMAKER – District Sports Director

KELLY BUCHANNAN – District Sports Director

ESAU MUHAMMAD - INTERN

ROSA SINGLETARY – GBC Member

DANIELL EDMOND – GBC Member

AKEEM HARRIS, GBC Member

REGISTRATION DATES (3) LOCATIONS

The Committee agreed to hold multiple dates for this year's registration. The intent will be to host registration in 3 of the PVAAU areas of Virginia, Montgomery and Prince Georges County's. This will allow for teams to meet registration requirements on multiple days.

LOCATION DATES FOR REGISTRATION

VIRGINIA

March 25th and 26th –

Paul the VI Catholic High School

PRINCE GEORGES COUNTY –

Oxon Hill High School April 1st

MONTGOMERY COUNTY –

Discovery Sports Center April 8th and 9th

PLEASE BE ADVISED THAT PVAAU DISTRICT TOURNAMENTS MAY BE BROADCAST, FILMED, STREAMED LIVE AND OR RECORDED.

ALL COACHES WILL BE REQUIRED TO COMPLETE THE PCA COACHING CLASS CERTIFICATION AND INCLUDE THIS IN THE TEAMS REGISTRATION PACKAGE.

**AMATEUR ATHLETIC UNION
2017 REGISTRATION INSTRUCTIONS**

Team/ClubName: _____ DIVISION _____ Coach: _____ GRADE: _____
1ST 2ND 3RD 4TH 5TH 6TH 7TH 8TH 9TH 10TH 11TH 12TH

_____ TEAM ENTRY FORM

_____ TEAM ROSTER **must be printed off the AAU website**

_____ Number of players _____ COACHES _____

_____ INDIVIDUAL ENTRY FORM – 1 per player

_____ BIRTH CERTIFICATE, REPORT CARD, PASSPORT OR GOVERNMENT ID

_____ ATHLETE WAIVER/RELEASE FORM
Must be signed by player and parent

Teams that qualify for Discounts should review payment registration table. Discounts will be provided for Organization's that place more than two teams in the tournament

_____ TOURNAMENT ENTRY FEE's - \$350; in Cash, certified check, business check or money order. NO personal checks. Teams that register more than two teams will receive \$50 discount per team.

**Please use this form as the cover sheet at
Registration**

Potomac Valley District

Amateur Athletic Union

2016 team Entry Form

Complete All Areas Before Submitting

Team/Club Name: _____ DIV _____ Coach: _____ GRADE: _____
 1ST 2ND 3RD 4TH 5TH 6TH 7TH 8TH 9TH 10TH 11TH 12TH

Coaches/Contact Information
 Must have alternate names & Phone Numbers other than head Coach

Head Coach	AAU membership #	Assistant Coach	AAU Membership #
Address		Address	
City, State, Zip		City, State, Zip	
Home Phone	Work Phone	Home Phone	Work Phone
Email Address		Email Address	
Cell Phone #		Cell Phone #	

Assistant Coach	AAU membership #	Assistant Coach	AAU Membership #
Address		Address	
City, State, Zip		City, State, Zip	
Home Phone	Work Phone	Home Phone	Work Phone
Email Address		Email Address	
Cell Phone #		Cell Phone #	

PLEASE USE ALL 4 BOXES. IF YOUR TEAM WON'T HAVE A FULL COMPLIMENT OF COACHES, THEN ASSIGN THAT POSITION TO A PARENT WHO WILL ACCOMPANY THE TEAM. THAT PARENT WILL NEED AN AAU MEMBERSHIP.

POTOMAC VALLEY DISTRICT
AMATEUR ATHLETIC UNION
2017 INDIVIDUAL PLAYER ENTRY FORM

- Complete all areas and provide all requested information.
- Failure to complete all areas of this form will cause your team's entry to be rejected.
- Be sure to have the parent or guardian sign and date the Athlete Waiver/release Form and Agreement to participate
- Attach completed form, a copy of birth certificate, report card and current photo.

ATTACH
CURRENT
PHOTO HERE

PLAYER# _____

(Number must correspond with picture # on team photo form)

Team/Club Name: _____

Athlete's name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home #: _____

Date of Birth: _____ Age: _____ AAU Number _____
(Mo/Day/year)

Grade : _____ Height: _____ Weight: _____

School attended: _____ City/State of School: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Guardian's Name: _____ Cell: _____

Mother/Father or Guardian's E-mail Address: _____

ATHLETE'S SIGNATURE: _____

TOURNAMENT USE ONLY	<p style="color: red; font-size: small;">ATHLETE'S SIGNATURE UPON CHECK-IN</p> <p style="color: red; font-size: small;">*DO NOT SIGN BEFORE REGISTRATION*</p>
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ATHLETE WAIVER/RELEASE FORM ("AGREEMENT")

IN CONSIDERATION of my/ the minor's participation in any way in an Amateur Athletic Union of the U.S., inc., activity ("ACTIVITY") I, for myself, the minor, my personal representatives, assigns, heirs, and next of kin: 1. ACKNOWLEDGE, agree and represent that I understand the nature of Activity and that I am/ the minor is qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I/the minor will immediately discontinue further participation in the Activity. 2. FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own/the minor's actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur/the minor incurs as a result of my/the minor's participation in the Activity. 3. HEREBY RELEASE, AND FOREVER DISCHARGE, AND CONVENANT NOT TO SUE the Amateur Athletic Union of the U.S. Inc. ("AAU"), the Potomac Valley Association of the AAU and the municipalities in which any such activity is conducted, their parent, related, affiliated and subsidiary companies, as well as the officers, directors, agents, employees, representatives, successors and assigns of the foregoing entities, and the AAU's Associations, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by the AAU (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES ON MY/THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION OR NEGLIGENCE OF THE "RELEASEES: OR OTHERWISE, INCLUDING, BUT NOT LIMITED TO NEGLIGENCE RESCUE OPERATIONS, NEGLIGENCE SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on RELEASEES from any litigation expense, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim. This Agreement shall be governed by the laws of the State of Florida, through AAU Arbitration or other Arbitrator approved by RELEASEES, and subject to the Rules of AAU or the applicable Arbitrator, and applicable Florida law.

Agreement to Participate

I, or we, grant to the Directors, Assistants, or assigned chaperones of the Potomac Valley AAU event to act as guardian/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for the minor in route to or from or at the site of the AAU event or hospital or other medical facility. I understand that should a health emergency arise, such parties will attempt to notify me, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. I hereby authorize the AAU to allow the reproduction, dissemination, and/or publication of my/the minor's name and/or likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my/the minor's participation in the AAU event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my/the minor's participation in the event, nor will I/the minor receive any payment for the possible commercial use of my/the minor's name or likeness. INSURANCE; AAU membership provides excess medical insurance for any member athlete participating in an AAU-sanctioned practice or event. If such athlete has other medical coverage, theirs will be applied first, followed by AAU insurance. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL, RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OR PARTICIPANT: _____ PHONE: _____

PARTICIPANT'S SIGNATURE (only if age 18 or over) _____ DATE: _____

TEAM NAME: _____ DATE OF BIRTH _____ GRADE _____

MINOR RELEASE: AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY-AS IS, WITHOUT MODIFICATION OR ACCOMMODATION. I HEREBY RELEASE, FOREVER DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION AND/OR NEGLIGENCE OF THE "RELEASEES: OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF LITIGATION AND/OR ARBITRATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGES, OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____

PARENTS, please understand that you are certifying that your child is of the correct age and grade. If your child is found to be illegal for this age group, he may lose his rights of membership in the AAU.