



ATHLETIC CLUB OF CHESTERFIELD MEMBERSHIP APPLICATION

PLAYER INFORMATION

Name:		
Date of birth:	Current Age:	Home Phone:
Current address:		
City:	State:	ZIP Code:
E-mail Addresses:		
Please List All Other Sports and Activities Below:	Location of the Club or Organization	Practice/Meeting Days of the Week

SCHOOL INFORMATION

Current School:	
Current Grade:	Teacher:
Projected Middle/High School:	

EMERGENCY CONTACT 1

Who Should We Call in an Emergency?:		
Home Phone:	Cell Phone:	Work Phone:
Relationship:		

EMERGENCY CONTACT 2

Who Should We Call in an Emergency?:		
Home Phone:	Cell Phone:	Work Phone:
Relationship:		

FAMILY INFORMATION

With whom does the child live? (<i>circle one</i>) Both Parents Mother Father Other Family Member _____					
Mother's Name:			Father's Name:		
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Home Phone:	Cell Phone:		Home Phone:	Cell Phone:	
E-mail Address:			E-mail Address:		

SIGNATURES

I give permission for my daughter to practice with and join the Athletic Club of Chesterfield AAU Travel Basketball Team. I understand that I am responsible for the payment of dues to the club if she is selected to play with the club. I also understand that my daughter may not make the team and coaches' decisions are final.

Signature of Parent:	Date:
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