***ST MARY’S MARYLAND* *DREAM* B*ASKETBALL***

**46023 Gooseneck Drive • Lexington Park, MD 20653 • PH: (240) 925-8647**

**Website:**[**www.stmarysmddream.com**](http://www.stmarysmddream.com) **• Email: altonmccoy1911@gmail.com**

**Registration Form**

2024 Amateur Athletic Union (AAU) Basketball Season

St. Mary’s Maryland Dream Youth Basketball is an AAU sanctioned competitive basketball club looking for players who live in southern Maryland. We are focused on providing an opportunity for players to develop their skills and compete at a higher level. Tryouts will be held to properly place players at the appropriate level of competition. A non-refundable $25 tryout fee is required only if players make the team which covers AAU membership card, club and Gymnasium rental fee. Please address any questions or concerns to: Alton McCoy at 240-925-8647 or [altonmccoy1911@gmail.com](mailto:altonmccoy1911@gmail.com)

**PLAYER INFORMATION:**

|  |  |  |
| --- | --- | --- |
| First Name | Middle Name | Last Name |
| Street Address | | |
| City | State | Zip |
| School | Current Grade | Birth date |
| Family Email Address(s) | | Phone Contact #’s |
| Has Personal Health Insurance: Yes No | | Emergency Contact # |
| Parent/Guardian Name(s) | |

HOLD HARMLESS: I understand that my participation in AAU Basketball and related skill training involves risk and dangers of serious and permanent bodily injury and death. I, or my parent/guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue the St. Mary’s Maryland Dream Youth Basketball Association, AAU of US, Inc., and their Clubs/Teams, Directors, Officers, Employees, Coaches, Officials, Volunteers, Agents, Sponsors, Advertisers, Owners/Leasers of Premises for all liability from my participation in these and any other related travel, lodging, social/recreational activities during the 2024 season.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev 3/01/21

**FOR OFFICE USE:**

**UNIFORM INFORMATION (in inches):**

CHEST MEASUREMENT: \_\_\_\_\_\_\_\_\_\_\_

WAIST MEASUREMENT: \_\_\_\_\_\_\_\_\_\_\_\_

HIP MEASUREMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_

INSEAM MEASUREMENT: \_\_\_\_\_\_\_\_\_

SHOE SIZE: \_\_\_\_\_\_\_\_\_\_\_\_

**UNIFORM SIZE:**

**SHIRT:** ***Youth***: XS S M L XL

***Adult:*** S M L XL

**SHORTS:** ***Youth:***  XS S M L XL

***Adult:*** S M L XL