

# LAKE CHAMPLAIN LAKERS 2009 Registration Form

=====

The Lake Champlain Lakers program offers three options for your son/daughter to assist in improving their game. Please check the appropriate option, complete the registration form and return to the General Manager, along with a copy of your child's birth certificate and the registration fee.

**OPTION - 1      CAMP ONLY**

\_\_\_\_\_ My child will participate in the 10, two-hour sessions.      \$225.00\*  
We are NOT interested in the travel team

**OPTION -2      CAMP AND TRAVEL TEAM**

\_\_\_\_\_ My child will participate in the 10, two-hour sessions      \$225.00\*  
If selected, we will travel.      \$200.00\*\*

**OPTION - 3      TRAVEL TEAM ONLY**

\_\_\_\_\_ My child wishes to try out for possible team placement.      \$ 85.00\*  
If selected, we will travel.      \$340.00\*\*

\* = DUE AT REGISTRATION      \*\* = BOYS & GIRLS DUE 4/28/09

***THE TOTAL TRAVEL TEAM COST IS \$425.00 PER PARTICIPANT***

=====

**Tournament Concession Sign-up**

The players and their families, who participate in the travel portion of the program, are expected to assist at the home tournaments. Please mark your calendars and plan on working a minimum of two hours at one or both tournaments.

\_\_\_\_\_ Boys' HOME Tournament May 2<sup>nd</sup> & 3<sup>rd</sup>, 2009.

\_\_\_\_\_ Girls' HOME Tournament June 20<sup>th</sup> & 21<sup>st</sup>, 2009.

-----

**2009 LAKE CHAMPLAIN LAKERS AAU BASKETBALL REGISTRATION FORM**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_  
Home Phone \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_  
Emergency Contact Info Name \_\_\_\_\_ Number \_\_\_\_\_

I, being the parent/guardian of the above mentioned minor, do hereby certify that my child is in good health and may participate in all camp activities. I hereby appoint the Lake Champlain Lakers AAU Basketball Inc. to act on my behalf in authorizing medical attention. LAKE CHAMPLAIN LAKERS WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS. AAU membership provides each member with accident insurance (which is secondary and comes into force after any primary coverage) for all properly sanctioned AAU events. AAU membership also provides each member with similar coverage during supervised practices of member clubs. Specific details on coverage, exclusions and how to file claims can be obtained from your local AAU Association.

\_\_\_\_\_  
Parent/Guardian Signature      Health Insurance Company and Policy Name      Insurance Identification Number