



CINCINNATI'S FINEST *Lady Ballers*

Player Name _____	D.O.B. _____
Address _____	
City _____	State _____ Zip Code _____
Phone # _____	
Parent's Names _____	Phone # _____
	Cell _____
Parent's e-mail _____	Phone # _____
Emergency Contact _____	Phone # _____
Insurance Carrier _____	Policy # _____
School _____	Position _____
# of years played _____	Shoe Size _____
Height _____ Weight _____	Uniform Size (Adult) _____

Parental Agreement

1. I hereby agree that my child is in normal health and capable of safe participation in this basketball program. I assume all risk and hazards incidental to the conduct of this program, which includes transportation to and from the program during games, practices, and any team functions. I hereby authorize Cincinnati's Finest Lady Ballers to obtain medical treatment for my child in the event the parents and the emergency contact person cannot be reached.
2. I support Cincinnati's Finest Lady Ballers philosophy which is based on competition, sportsmanship, skill development, teamwork, fitness, and building character.
3. If there are any special health needs or requests for my child, I will inform Cincinnati's Finest before my child participates in this AAU Basketball program.
4. My child has had a physical exam in the last year.
5. I realize that Cincinnati's Finest Lady Ballers basketball organization will not carry or supply any insurance to cover our daughter in case of injury.

Parent Signature _____ Date _____



Prospective Player Profile

AAU Experience

Number of Years _____

Previous Teams _____

Personal Information

Do you wish to play basketball in college? _____

Who is your favorite basketball player? _____

What is your favorite movie? _____

Who is your favorite singer? or Group? _____

What is your favorite food? _____

What one thing would you change about yourself? _____

Are you willing to put in the hard work it takes to be a great basketball player? _____

Any other interesting facts about yourself? _____

