POTOMAC VALLEY AAU REGISTRATION INFORMATION

Please ensure <u>ALL</u> documents are completed as indicated and placed in a large 9x12 envelope. **Note: Rules** requiring Government issued ID are in effect. Do not alter these documents except to fill in the blanks and check the boxes provided.

Tournament Entry Fee:

- \$475 is the required fee for ALL DIVISIONS (I, II & III)
 Make checks payable to PVAAU-Boys Basketball by certified check, business check or money orders only.
 No personal checks will be accepted.
- \$300 If you plan on playing in any additional DQT's

 If you pay the Division II fee in advance and then Medal in the Division I event. Your entry fee will be returned. All entry packets will be subject to final inspection and review.

Team Entry Form (Coaches only):

 All contact information must be provided, including substitute names, phone numbers and e-mail addresses.

Roster:

You MUST complete your Team Roster online (aauboysbasketball.org), print and provide a copy

Registration Checklist:

Ensure all items are complete in its entirety.

New Coaches:

Provide PCA (Positive Coaching Alliance) certificate (<u>www.aausports.org</u>)

Returning Players WITH a PVAAU ID card:

 Provide PVAAU ID card, a copy of the ID card and Athletes Waiver Form (Must be signed by parent, guardian or player)

Returning Players WITHOUT a PVAAU ID card:

Must follow the "New Player" instructions below

New Player Instructions:

- Athletes Waiver Form must be signed by parent, guardian or player
- All players and coaches will need a valid PV AAU ID. ID cards MUST be presented before every game
- Photos may be taken in person or submitted by flash drive (Jpeg format)
 - Flash drive All photos must be in 1) Jpeg format, 2) saved individually with the first name, last name, & date of birth (DOB for players only)
 - o ID cards will be printed at registration. ID cards are valid for three (3) years
 - Note: We suggest you laminate, make color copies, or save a picture of the ID card on the cell phone. Players are required to carry the PV AAU ID card for re-entry during all tournaments. NO EXCEPTIONS
- ID Documents: Sportage ID, Passport, PV AAU ID and Government ID are the only acceptable documents for proof of age.

Protests:

- All protest should be filed prior to the completion of pool play
- Protests filed during the District Qualifiers will be turned over to the PVAAU Boys Basketball Review Committee
- Emergency hearings will be held by a quorum by the Boys Basketball Review Committee
- · Protests filed after pool play may not stop the progress of the event and may be settled after the event
- Protests filed after pool play will be reviewed and if found to be accurate; that team will not be allowed to retain its seeding for the National Championships

Turn in your completed packet at one of the scheduled registration dates. Packets must be <u>received</u> by the last day of registration for the applicable age group. Requests for an extension to the registration deadline must be approved by Melody Britt, LT Governor (202) 438-7352 OR P.K. Martin, District Sports Chair (240) 375-2922. TEAMS MUST TURN IN A ROSTER AND PAY THE ENTRY FEE TO GET AN EXTENSION.

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

POTOMAC VALLEY DISTRICT AAU

REGISTRATION CHECKLIST

ream/Club Nam	ne: DIV:
Coach:	AGE: GRADE:
	TEAM ENTRY FORM
	TEAM ROSTER must be printed off the AAU website
	STATE, GOVERNMENT, SPORTAGE, or PV AAU ID; Passport
	ATHLETES WAIVER FORM must be signed by parent, guardiar or player
Kelly Buchanan. D	for discounts should review payment with Melody Britt o iscounts will be provided for Organization's that introduce AU and place more than four (4) teams in the event.
	TOURNAMENT ENTRY FEE \$475 DI, DII, & DIII \$300 for any additional DQT's
	PAYMENTS ACCEPTED Cash, certified check, business check or money order. NO PERSONAL CHECKS

POTOMAC VALLEY DISTRIST AAU

INCOMPLETE REGISTRATION PACKETS WILL EARN A \$10 LATE FEE PER ITEM

District Qualifiers and National Championship Dates

Super Regional

March 9th - 10th

Division I (8U - 14U)

April 12th – 14th

Division II (9U - 14U)

May $3^{rd} - 5^{th}$

Division III & ALL High School Levels

May $17^{th} - 19^{th}$

National Championship for 7U, 8U & 2ND GRADE

July $2^{nd} - 7^{th}$

Registration Dates & Locations:

March 23rd – 30th – Emery Rec Center, 5701 Georgia Ave, NW, Washington, DC - 10am – 2 pm March 24th – 31st – Gwynn Park High School, 13800 Brandywine Road, Brandywine, MD 20613 – 12 – 3 pm

Suitland, MD

Drew Freeman Middle School (2600 Brooks Dr, Suitland-Silver Hill, MD 20746) March 28th and April 4th at 7:30 – 8:30 pm

LATE REGISTRATION. The final registration is the late registration. A \$100 fee will be assessed **April 6**th - **7**th - **Location TBD**

Division III and High School (All Levels) DQT

April 6th – April 7th (Late fee waived). Please contact Melody Britt or Kelly Buchanan for Questions.

Note: Any team who brings in a new team to the 2019 registration will receive a \$50 discount for each team. A team that brings or refers 10 new teams will receive free registration for a team in 2019 and 2020.

POTOMAC VALLEY DISTRICT

Amateur Athletic Union

eam/ Club Name:		Division: <i>P</i>	Age /Grade:		
yment Amount: \$	Cash Check #	Charge (circle one) Divis	ion: I II III	(circle one)	
Player Name (last, First)	AAU#	ID Provided (Proof of Age) Government / PVAAU/ Sportage / Passport	Waiver Complete to include Signature & Submitted YES or NO	PV AAU ID NEEDED YES or NO	
First /	Last Name	AAU#	PCA Ce	ertificate	
			Comp	Completed &	
			Subr	nitted	
lead Coach Name:					
sst. Coach Name:					
Asst. Coach Name					
M Manager/Coach Name:	ag bolow I the "boad coach" attest a	all listed coaches and bench personnel wi	Il ahida hy tha AALI Caachas	Code of Ethics	
AAU By-Laws and Code Book. I will	ensure my ATHLETES aspire to live by	the AAU Athlete Code of Honor. I attest a	II membership materials have	e been verified,	
	=	AU Boys Basketball Committee or desigr other AAU Review Committee, may deem			
to my team. If I obstruct or interfe	ere with such reviews to verify accura	acy, my team may be disqualified, forfeit lege to coach AAU Basketball in the Poton	all fees, and/or may incur a	•	
				af Lundoretes	
information will become part of my		rmation is true and complete to the bes	t of my knowledge and bell	ei. i understan	
Signature Head Coach Contact information:	of Head Coach				
Phone:	Email:				

POTOMAC VALLEY DISTRICT AAU

Team Entry Form

Complete all areas before submitting. Coaching staff must have an AAU membership number

Team/Club Name:		DIV:		
Coach:	AGE: _	GRADE:		

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

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

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

POTOMAC VALLEY DISTRICT AAU

ATHLETES WAIVER 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 NEGLOGENCE OF THE "RELEASES" 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 NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIAVILITY, 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 Maryland, the Commonwealth of Virginia and the District of Columbia, through AAU Arbitration or other Arbiter approved by RELEASEES, and subject to the Rules of AAU or the applicable Arbiter, and applicable 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.

PRINT NAME OF PARTICIPANT:	PHONE #:	
PARTICIPANT'S SIGNATURE (Only if age 18 or over):	DAT	re:
TEAM NAME:	DATE OF BIRTH:	GRADE:
MINOR RELEASE: I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAI AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, II ACTIVITY-AS IS, WITHOUT MODIFICATION OR ACCOMMODATION. INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OTHE RELEASE ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR II OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FUMINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF LITIGATION AN ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.	N GOOD HEALTH, AND IN PROPER PHYSICAL I HEREBY RELEASE, FOREVER DISCHARGE, CO ES FROM ALL LIABILITY, BLAIMS, DEMANDS, L N PART BY THE ACTION, INACTION AND/OR JRTHER AGREE THAT IF, DESPIRE THIS RELEAS	CONDITION TO PARTICIPATE IN SUCH OVENANT NOT TO SUE, AND AGREE TO OSSES, OR DAMAGES ON THE MINOR'S NEGLIGENCE OF THE "RELEASEES: OR SE, I, THE MINOR, OR ANYONE ON THE
PRINT NAME OF PARENT/GUARDIAN:		
ADDRESS:		<u>-</u>
(Street)	City) (State)	(Zip)
PHONE:	DATE:	
SIGNATURE OF PARENT/GUARDIAN (only if participant is under the	age of 18):	

NOTE FOR PARENTS: You are certifying your child's correct age and grade. If you knowingly or willfully present false or fraudulent information regarding the age and grade of your child and your child is found to be illegal for this age group, he/she may lose their rights of membership in the AAU.