

AAU ATHLETE INDIVIDUAL MEMBERSHIP APPLICATION



AAU Membership Year is September 1 to August 31. A membership card will be forwarded to you.

Use Legal Name

First		Middle			Last	
Street Address			City	County	State	Zip
Application Date		Work Phone/Ext.			Home Phone	
E-Mail Address					Fax Number	
Birth Date		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			Cell Number	
Do you have Health and Accident Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Club Code (if Known)		Club Name (if Known)			Sport Code (see list below)
<p>By paying or authorizing payment of my annual membership dues, I certify that: 1) I have never been convicted of any sex offense nor felony; or, if so, I must apply for membership (and receive approval) through the AAU National Office; and, 2) this application is correct in every material aspect, including but not limited to my (street) address and birth date. The Applicant agrees to be bound by the AAU Code, including all AAU Policies, which are available for review on the AAU Web site at www.aausports.org. NOTE: Parent/Guardian signature if member is under 18 years old.</p>						
Member's Signature				Parent/Guardian Signature		
Date				Date		

YOUTH PROGRAM (All Sports)

Regular Membership \$20.00 or Added Benefit Membership* \$22.00
Youth Program consists of athletic participation for ages as defined by AAU Youth sport rules. Basic Youth ages are 1 to 20. Youth Membership allows participation and insurance coverages in any and all youth sports.

* Added Benefit Membership includes additional insurance coverage in certain programs as defined by AAU.

GRADE	SCHOOL
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T-SHIRT or REVERSIBLE SIZE (Circle)	Youth-S	Youth-M	Youth-L	Adult-S	Adult-M	Adult-L	Adult-XL	Adult-2XL
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Parental or Guardian Consent

I, the undersigned, as the parent or legal guardian of the child listed on this application, hereby assume full responsibility for all risk of injury or loss which may result from my child's participation in a 2023-2024 (Sept 1, 2023-August 31, 2024) Penn-Ohio Athletic Club Program. I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on this application. In consideration of our acceptance of this entry, I intending to be legally bound, do hereby, for myself, the athletes, heirs, executors, and administrators, waive, release and forever discharge all rights and claims for damages which may have or which may hereafter accrue to the athletes against the Amateur Athletic Union of the United States, the Penn-Ohio Athletic Club, the facility owners or any other support group of organizations their respective officers, agents, representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by the athletes in connection with their association with or entry in the Penn-Ohio Athletic Club program or which may arise out of traveling to or participation in, and returning from said program at all facilities.

I, or we the parent(s) or guardian of the athlete, grant to the Directors, Coaches or assigned chaperones of the Penn-Ohio Athletic Club to act as guardian/spokesperson in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my/our son/daughter while in route to or from or at the sites of a Penn-Ohio Athletic Club Program. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

Insurance: AAU membership provides excess medical insurance for any member athlete participation in an AAU-sanctioned practice or event. If the athlete has other medical coverage, theirs will be applied first, followed by AAU insurance. If the athlete has no other coverage, the AAU policy becomes primary, subject to terms and conditions of the policy. There is a deductible fee.

Parent(s) or Guardian Signature(s)	Date
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