|  |  |
| --- | --- |
|  | Men’s AAUCoach Role, Varsity Boys Coach Gallo, Coach Davis, MS Boys  |

# Athlete Information

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Age/Grade |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

## Parent Information

|  |  |  |  |
| --- | --- | --- | --- |
| Father: |  | Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mother: |  | Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

## Goals for Athlete

Please list three main areas in need of work.

|  |  |  |
| --- | --- | --- |
| First Area: |  |  |
| Second Area: |  |  |
| Third Area: |  |  |

## Participation

Every participant must have a signed medical release waiver included with this form. Medical release waiver will be sent with this form.

Please return participation form and medical release to rrole42@gmail.com or pahpbasketball@gmail.com