

Central CT Hoop Stars Basketball Club
AAU Basketball for Boys
3 Whiffle Tree Road
Wallingford, CT 06492
Fax: 203-269-3702

Mike Papale, Director *203-265-4376 (h) 203-464-9781 (c) Marty Russo, Director *203-269-8899 (h) *203-675-9475 (c)

Player Information Form

Name: _____ DOB: _____ grade: _____

Address: _____ City: _____ Zip: _____

School: _____ Home Phone: _____

Parents/Guardians: _____

Address: _____
If different than above

Phone: (H) _____ (W) _____ (C) _____

Email address: _____

Parent/Guardian: _____

Address: _____ City: _____ Zip: _____
If different than above

Phone: (H) _____ (W) _____ (C) _____

Email Address: _____

I understand that neither the Central CT Hoop Stars Basketball Club nor anyone associated with the club will assume responsibility for accidents and medical or dental expenses incurred as a result of participation in this program. The applicant is in good health and able to participate in the physical activity of a vigorous program. I am aware of all fees and expenses with regard to the 2007 AAU basketball season. These fees have been explained to me and I fully understand the financial obligation that comes with the program. I agree to pay the Central CT Hoop Stars the full amount of tuition that is due to participate in the program.

(Parent or guardian signature)

(date)