

MICHIGAN AAU GIRLS' BASKETBALL ASSOCIATION
MEMBERSHIP VERIFICATION FORM

YOU MUST ATTACH RECENT
PHOTO OF ATHLETE HERE

PLEASE TYPE OR PRINT CAREFULLY:

OFFICIAL ENTRY (PLEASE COMPLETE ALL INFORMATION)

_____		_____	
LAST NAME	FIRST NAME	INITIAL	AAU REGISTRATION NO.

STREET ADDRESS			

_____		_____	_____
CITY	COUNTY	STATE	ZIP CODE
_____		_____	_____
DATE OF BIRTH	AGE TODAY	(AREA CODE) TELEPHONE NUMBER	

MUST BE SIGNED _____
ATHLETE'S SIGNATURE DATE

MUST BE SIGNED _____
PARENT OR GUARDIAN SIGNATURE DATE

THE CONTENT OF THIS FORM PROVIDES INFORMATION TO ALLOW ASSOCIATION VALIDATION OF THIS ATHLETE TO COMPETE IN MICHIGAN AAU GIRLS BASKETBALL EVENTS. THIS FORM MUST BE COMPLETED AND AVAILABLE FOR INSPECTION AT ANY ASSOCIATION QUALIFYING TOURNAMENT (AQT) EVENT OR OTHER AAU SANCTIONED EVENT. IF AN ATHLETE CANNOT PROVE THEIR IDENTITY, SHE WILL NOT BE PERMITTED TO PARTICIPATE AND SHE MAY NOT SIT ON THE BENCH WITH HER TEAM. SHE WILL BE CONSIDERED A NON-MEMBER UNTIL PROVEN OTHERWISE.

YOU MUST ATTACH A BIRTH CERTIFICATE FROM A CITY, COUNTY OR STATE AUTHORITY. HOSPITAL OR CHURCH RECORD CERTIFICATES ARE NOT ACCEPTABLE.