

UMAAU HEAT Hoops Girls' Basketball 2025 Registration Form

TEXT, MAIL, OR EMAIL COMPLETED REGISTRATION FORM TO ADDRESS
BELOW TO BE ADDED TO CONTACT SHEET AND KEEP UP TO DATE ON
LATEST TRYOUT TIMES.

Player Name: _____
(Last) (First) (Middle)

Parent/Guardian Names: _____

Address: _____
(Street) (City) (Zip)

Home Phone: _____ **Cell Phone:** _____

Email: _____
(Will only be used for UMAAU Basketball communication)

Date of Birth: ____/____/____ **School:** _____ **Grade:** _____

Previous Travel Team (if applicable): _____ **Height:** _____

Previous AAU Team (if applicable): _____ **Position(s):** _____

Briefly tell us about this player:

Registration Fee: \$125.00 due to UMAAU (payable when teams are invited – do not pay now).

Non-refundable Tryout Fee (includes 1-3 tryouts): \$25 (will be used toward team event for invited players). Check payable to UMAAU, cash, or Venmo accepted (see below).

Date/name of your Venmo: _____ **or check # /cash enclosed:** _____

Make out check to UMAAU and mail with form to: Kari Cairone 140 Pheasant Lane Newtown PA 18940;
Or, pay by Venmo and send copy or photo of form to text: 610-420-8401 or email to kmburger@yahoo.com
Venmo @Kari-Cairone-1 (specify player name and grade level in note). Last four digits of phone for
Venmo are 8401. You will receive a confirmation when form and payment are received.

I/We the parents or guardians of the above name applicant for placement on a UMAAU team, hereby give permission for the child's participation in any and all UMAAU/UpperMakefield Basketball activities. I/We assume all risks incidental to such participation, including transportation to and from the activities. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless UMAAU/UpperMakefield Basketball officers, directors, sponsors, managers, coaches, referees and persons transporting the child to and from activities from any claim arising out of and illness or injury to the child. I/We affirm that the child is in sound physical condition and that the child is covered by Health/Accident Insurance Independently. I have read the rules and the regulations of the UpperMakefield Basketball League and UpperMakefield AAU. I agree to abide by decisions the Board of Directors may make with regard to the conduct of my family.

(Parent or Guardian Signature and Date)

UMAAU use only: Check # _____ / Date received _____ / Date confirmation email sent to potential player _____