

2015 AAU Membership Application Insurance Form

Date of Application: _____

Membership expires 8/31/2015

Sport Code: _____ BA for Boys _____ BW for Girls

Membership Category: (Check one) ___ Athlete ___ Coach ___ Official ___ Volunteer

Check One: ___ Youth Program ___ Adult Program/Added Benefit ___ Yes ___ No

Club Name: **Vipers**

Are you already covered with Health and Accident Insurance? ___ Yes ___ No

Date of Birth: _____ Age: _____

Sex: ___ Male ___ Female Current Grade: _____

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Telephone: _____ Email Address: _____

I agree to be bound by the AAU Code as well as AAU operating procedures and policies, including but not limited to: binding arbitration and the release and indemnity of the AAU. By paying my annual membership dues, I certify that I have never been convicted of any sex offense or felony; or, if so, I must apply for membership (and receive approval) through the AAU National Office.

Member's Signature: _____

Parent/Guardian Signature: _____ Date: _____

Athletes' Code of Honor

I promise upon my word of honor that I will not take unfair advantage of an opponent, that I will be courteous in work and demeanor to opponents, officials and spectators, that I will observe the rules of the game in spirit as well as in letter, and that I will constantly strive to uphold the ethics of amateur sports.

Coaches'/Volunteers' Code of Honor

I promise upon my word of honor to help to create an environment in which primary emphasis is placed upon the emotional and physical well-being of all AAU athletes, rather than winning. I will lead, by example, and will demonstrate the value of fair play and sportsmanship to all participants. Lastly, by becoming an AAU member, I agree to be bound by the AAU Code as well as all AAU operating procedures and policies.