

HOOP HEAVEN AAU REGISTRATION FORM
\$25 tryout fee (non-refundable)
\$695 per player entry fee Heat, Warriors or Hawks
(\$625 for returning Heat, Warriors or Hawks players with uniform)
\$100 refundable deposit due at tryouts (except for returning players)
Balance due on or before first practice
Check one: \$125 for tryout for new player
(\$25 non-refundable tryout fee + \$100 refundable fee)
 \$25 for tryout for returning player

Check one: **Bridgewater Hawks** **Waldwick Warriors** **Whippany Heat**

Player's Name	
Parent's Name	
Address	
City / State / Zip	
Email Address	
Home Telephone	
Cell Telephone	
Player's date of birth	Age (as of 8/31/17)
Grade as of 9/1/16	Gender: M F
Height: Weight: Travel team / AAU experience:	
Uniform Size: (circle) youth med or large; adult small, medium, large, xl, or xxl	
I am a returning player and HAVE uniform # _____	
I am a returning player and WAS uniform # _____ but I NEED a new uniform (add \$50 for uniform)	

* Uniforms will be ordered specifically for you, no returns or exchanges!

Enclosed Amt: \$ _____ (\$25 for returning; \$125 for new (\$100 refundable deposit))

Payment Method: CASH, MONEY ORDER OR CHECK

Check No.: _____

Register your child online by credit card at www.hoopheaven.com/bridgewater/
(Bridgewater only)

For Whippany and Waldwick tryouts - Please call the facility for credit card payments

RELEASE AND WAIVER

I _____ hereby agree to release, indemnify, defend and hold harmless Hoop Heaven LLC, Bridgewater Basketball, LLC, Waldwick Basketball, LLC, its parent, subsidiaries and affiliated entities and/or any officers, partners, members, directors, coaches, employees, agents, licensees and assigns of any of the foregoing, from and against any and all suits, awards, claims, damages, liabilities, costs and expenses (including reasonable attorney fees and related costs) arising out of injury or damages to me or my child in connection with his/her participation in any Hoop Heaven program, league, tournament or other activity, and our attendance at on-site and off-site premises.

PARENT'S SIGNATURE _____ DATED _____

Please mail (select mailing address) *with payment* to "HOOP HEAVEN":

- BRIDGEWATER - 3E CHIMNEY ROCK ROAD, BOUND BROOK, NJ 08805 or fax (732) 271-4668
 - WALDWICK - 132 HOPPER AVENUE, WALDWICK, NJ 07463 or fax (201) 251-6560
 - WHIPPANY - 125 ALGONQUIN PARKWAY, WHIPPANY, NJ 07981 or fax (973) 884-4651
- e-mail info@hoopheaven.com www.hoopheaven.com