

St. Rose Basketball Tournament
February 9/10/11, 2018
4th/5th/6th Grade Boys & Girls

Registration/Team Roster/Liability & Rules Recognition Form

→ Please complete the following registration form and sign the liability/rules recognition/acknowledgement statement.

→ In order to confirm your team's entry into the tournament, please submit all forms by or on **Sunday, January 28, 2018**. Paper forms can be submitted by:

- Mailing to: St. Rose Athletic Association-Gray Hagy, 257 E. Jefferson St., New Lexington, OH 43764, or
- Scanning and emailing form to: strosebasketballtournament@gmail.com

→ Please also remember that payment must be received on or by **Sunday, January 28, 2018**. This can be accomplished by...

- clicking on the PayPal link in the coaches email packet or at <http://stroselimaschool.org/athletics>, or...
- mailing a check payable to "St. Rose Athletics Association" to the following:
 - St. Rose Athletics Association-Gray Hagy, 257 E. Jefferson St., New Lexington, OH 43764.

→ Failure to submit registration and/or payment by or on **Sunday, January 28, 2018** may result in forfeiture of your team's tentative registration (if applicable) thus opening registration to the next team on the waiting list. If a forfeiture occurs, re-entry may only occur after being cycled through the respective waiting list.

→ **Please note: Withdrawal or "no shows" from or during the tournament after Sunday, January 28, 2018 will result in forfeiture of your entry fee.**

→ Direct any questions or problems concerning the form or payment to Eddie Ward (740-605-6610); strosebasketballtournament@gmail.com

→ Please note that all information submitted to St. Rose Athletics is kept confidential, used only for purposes of the aforementioned basketball tournament, and will not be shared with any outside entities.

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Team Information:

- Team Name: _____
- Grade Level: _____ Gender (check one): Boys _____ Girls _____

Head Coach Information:

- Name: _____
- Street Address: _____
- City/State/Zip Code: _____
- Cell phone #: _____ Home phone #: _____
- Email Address: _____

Assistant Coach Information (remember, only two (2) coaches allowed on the bench):

- Name: _____
- Cell phone #: _____ Home phone #: _____
- Email Address: _____

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Team Roster (no more than 12 players per team)

Team Name: _____

Team Grade: _____ Team Gender (check one): Boys _____ Girls _____

	Player Name	Jersey Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

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Liability/Rules Recognition/Acknowledgement Form

I, the coach or authorized team representative agree on behalf of my team, players/participants, parents, and associated spectators/associates, that I have received the St. Rose Basketball Tournament rules and regulations and all stated will abide by the rules and regulations of the St. Rose Basketball Tournament and St. Rose Athletic Association. I recognize that repercussions could result as a failure to abide by said rules and regulations. Recognizing the possibility of physical injury associated with basketball and in consideration for the St. Rose Athletic Association accepting the registrants for its basketball tournament, I hereby release, discharge and otherwise indemnify St. Rose Athletics, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of courts and facilities utilized for the tournament, against any claims by or on behalf of the registrants, participants, and connected associates as a result of the registrant's participation in the St. Rose Basketball Tournament. Furthermore, I agree that the information I've provided in the registration form and team roster are true to the best of my knowledge and comply with the rules and regulations of the St. Rose Basketball Tournament and the St. Rose Athletics Association.

Team Name/Grade/Gender: _____

Head Coach/Team Representative Name (print): _____

Head Coach/Team Representative Name (signature): _____

Date: _____