

**1ST ANNUAL BEAVER LOCAL BALLIN' IN THE NEW YEAR YOUTH
ROUNDBALL TOURNEY REGISTRATION FORM**

WHO: 4TH, 5TH, 6TH GRADE BOYS

WHEN: SUNDAY JANUARY 5TH AND SUNDAY JANUARY 12TH, 2020

GAMES WILL BEGIN AS EARLY AS 9:00 AM AND RUN UNTIL THE LAST GAME AT 7:00 PM

LOCATION: BEAVER LOCAL SCHOOLS 46090 BELL SCHOOL RD EAST LIVERPOOL, OH 43920

\$150 ENTRY FEE – 3 GAME GUARANTEE POOL-PLAY WITH SINGLE ELIMINATION TOURNAMENT

CHECKS PAYABLE TO: BEAVER LOCAL BOYS BASKETBALL

NO REFUNDS UNLESS INCLEMENT WEATHER CANCELS THE TOURNAMENT

MAXIMUM 12 TEAMS PER GRADE – REGISTER EARLY TO ENSURE A SPOT

TOURNAMENT DIRECTORS:

BEAVER LOCAL BOYS BASKETBALL BOOSTERS

CONTACT ANSON WIEGAND (330-843-2361) OR NICK MILLER (330-843-6628) WITH ANY QUESTIONS

TEAM NAME: _____

COACHES NAME(S): 3 MAX

EMAIL ADDRESS: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

GRADE: 4 5 6 (CIRCLE ONE)

REGISTRATION AND FEE DEADLINE: **DECEMBER 30TH, 2019** PAYMENT MUST BE SENT
IN WITH REGISTRATION TO ENSURE YOUR SPOT!!!!

I GIVE MY PERMISSION FOR (SEE BELOW NAMES OF PLAYERS) TO PLAY IN THE BEAVER LOCAL BALLIN' IN THE NEW YEAR TOURNAMENT. I UNDERSTAND THE TOURNAMENT HAS NO RESPONSIBILITY, ASSUMES NONE, AND DOES NOT CARRY ANY ACCIDENT INSURANCE FOR THE BENEFIT OF THE PLAYERS. I ASSUME FULL RESPONSIBILITY FOR MY CHILD'S MEDICAL EXPENSES AND WELL BEING AND WAIVE ANY AND ALL CLAIMS AGAINST THE BEAVER LOCAL SCHOOL SYSTEM, TOURNAMENT DIRECTORS/MANAGERS, OFFICIALS AND CUSTODIANS. SHOULD ANY INJURY OCCUR. AN ADULT SIGNATURE IS REQUIRED TO VERIFY THAT ALL PARENTS HAVE BEEN TOLD OF THE ABOVE STATEMENT.

I HAVE CONTACTED THE PARENTS OF THE PLAYERS LISTED BELOW. MY SIGNATURE VERIFIES THAT ALL THE PARENTS HAVE BEEN NOTIFIED AND ARE WILLING TO LET THEIR CHILD PARTICIPATE AND AWARE OF THE RISKS INVOLVED IN PARTICIPATING.

ADULT REQUIRED SIGNATURE: _____

PLAYER NAME: GRADE

1. _____/_____

2. _____/_____

3. _____/_____

4. _____/_____

5. _____/_____

PLAYER NAME: GRADE

6. _____/_____

7. _____/_____

8. _____/_____

9. _____/_____

10. _____/_____

PLAYER NAME: GRADE

11. _____/_____

12. _____/_____

13. _____/_____

14. _____/_____

15. _____/_____

MAIL ENTIRE FORM TO: ANSON WIEGAND 330-843-2361

46067 LORI RD EAST LIVERPOOL, OH 43920