2010 Tournament Registration Form

Event Name:_____ **Team Name:** _____

Division: ☐ **4th/10U** ☐ **5th/11U** ☐ **6th/12U** ☐ **7th/13U**

☐ **8th/14U** ☐ **9th/15U** ☐ **10th/16U** ☐ **11th/17U**

==========

Team Roster

#	Name	Address	School	Ht	Wt

Coach Information

Name (**PRINT**)_____

Address _____

City_____State_____Zip _____

Home Phone _____Cell Phone _____

EMAIL:_____

Asst. Coach

Name (Print)_____

Address_____

City_____State_____Zip_____

Home Phone_____Cell Phone_____

EMAIL:_____

Team Waiver

In consideration for our team's entry into the above tournament, I hereby waive and release any and all rights and claims for damages I may have against Common Bond Basketball and its representatives, successors and assigns any and all injuries suffered by us in any activities sponsored by these groups and understand that the team is solely responsible for payment of any such medical expenses.

Coach Signature:_____

==========

Please make payable and send to:

COMMON BOND BASKETBALL
4007 Carpenter Rd #261
Ypsilanti, MI 48197
Office: 734-337-0687
Fax: 734-337-0693