



SD NETWORK Basketball

Youth Basketball Tournament

October 19th and 20th, 2012

Deadline: October 15th 2012

Cost: \$125 per team

Games will be played at Tea High School and Intermediate School

Team Name: _____

Coach: _____

Phone Number: _____

Address: _____

Cell: _____

Email Address: (required) _____

Division: (circle one) Boys Girls

Grade: 3 4 5 6 7 8

Experience Level: Travel Rec

TEAM ROSTER

Players Name	Jersey	Grade
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Team Permission and Release: I give permission, on behalf of the players and their parents, for the above-named players to play in the SD NETWORK Basketball Tournament. I understand that the SD Network Employees or volunteers, Tea School District, the city of Tea, have no responsibility, assumes none and do not carry accident insurance for the benefit of players. We release the SD NETWORK Basketball Tournament, Tea School District, from all claims of injuries and lost or stolen property, which may occur while participating in this tournament. I assume full responsibility for the players' medical expenses and well-being and verify all information is accurate.

Signature of Coach: _____

Date: _____

Questions: Contact Greg Shoultz at gregoryshoultz@yahoo.com or call 856-701-1159

Please mail registration for and check payable to SD NETWORK Basketball to:

SD NETWORK Basketball
PO BOX 425
Tea, SD 57064