

**2020 POLAND ALL SPORTS BOOSTERS BASKETBALL TOURNAMENT  
REGISTRATION FORM**

Team Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Girls ☐ Boys ☐

Head Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_

In consideration of my team participating in the Poland All Sports Boosters Basketball Classic, I hereby (1) certify that all information on this sheet is correct, (2) along with our players parents, assume full responsibility for all players listed below, and (3) all agree to indemnify and hold harmless the Poland Local School District, the Poland All Sports Booster Club, and their members, volunteers, coaches, and other representatives for any injury, loss, or damage suffered as a result of one of my players participating in this tournament, including, but not limited to, games, practices, and travel to and from these activities. **I SPECIFICALLY ACKNOWLEDGE READING AND UNDERSTANDING THE RULES REGARDING ELIGIBILITY AND THE CONSEQUENCES FOR VIOLATING THOSE RULES.**

Coach's signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE **TYPE** OR **PRINT** ALL INFORMATION LEGIBLY

	Name:	#	Grade:	School District of Attendance:
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KNOWN SCHEDULING CONFLICTS:

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PLEASE MAKE CHECKS PAYABLE TO **POLAND ALL SPORTS BOOSTERS**

PLEASE SEND THIS FORM AND CHECK TO

Poland All Sports Boosters  
c/o Jason Lisko  
3531 Hummingbird Hill Drive  
Poland, Ohio 44514