

# 11th Annual Rock City Summer Classic

## Registration Form

*Please complete this form and email it to [howardace@hotmail.com](mailto:howardace@hotmail.com) and submit payment. Team checks accepted before May 27, 2018.*

Team: \_\_\_\_\_ Age Group: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Home #: \_\_\_\_\_

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

Assistant Coach: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ Mobile #: \_\_\_\_\_

### Team Roster

<u>Name</u>	<u>AGE</u>	<u>DOB</u>	<u>Jersey #</u>	<u>Grade Exception</u>
1.				(Y/N)
2.				(Y/N)
3.				(Y/N)
4.				(Y/N)
5.				(Y/N)
6.				(Y/N)
7.				(Y/N)
8.				(Y/N)
9.				(Y/N)
10.				(Y/N)
11.				(Y/N)
12.				(Y/N)
13.				(Y/N)
14.				(Y/N)
15.				(Y/N)

**Please sign next page and return the form by email, fax or mail with registration fee.**

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## Waiver Form

Please undersigned being the coach of the team named above, hereby agrees to not hold the Rise and Shine Sports Foundation, Rock City Summer Basketball Classic tournament directors, Gym Sites, or officials faultless in the event of injury or other harm occurring to the team's players during the participation in all tournament events.

Signature \_\_\_\_\_ Date \_\_\_\_\_

