Poland All-Sports Boosters

2027 BASKETBALL CLASSIC REGISTRATION FORM

Please type or print all information legibly

Team Name:		**Grade:**		☐ **Boys**	☐ **Girls**
Head Coach:		**Phone:**			
Email:					
Assistant Coach 1:		**Phone:**			
Assistant Coach 2:		**Phone:**			
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 ELIGIBILTY AND THE CONSEQUENCES FOR VIOLATING THOSE RULES.**					
Head Coach's signature:		**Date:**			

	Player Name	**Jersey #**	**Grade**	**School District of Attendance**
1				
2				
3				
4				
5				
6				
7				
8				
9				
20				
11				
12				

KNOWN SCHEDULE CONFLICTS:

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

PLEASE MAIL THIS FORM AND A CHECK TO: Poland All-Sports Boosters, PO Box 5021, Poland OH 44514

OR

EMAIL THIS FORM TO: PolandBoosterTourney@gmail.com AND VENMO @Brian-Antal-2

Please email PolandBoosterTourney@gmail.com or contact Brian Antal at (330) 690-8435 with questions