Registration Form – Little BIG 6 Tournament (\$150 per team)

| Age Group: 3rd Grade 4th Grade 5th Grade 6th G | : 3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade | |
|--|---|--|
| Team Name: | Coach/Contact: | |
| Address: | City/State/Zip | |
| Home Phone: | Work Phone: | |
| Cell Phone: | Email: | |
| Asst/ Coach: | Asst. Coach Cell Phone: | |
| Asst. Coach: | Asst. Coach Cell Phone: | |

| Age Group: 3rd Grade 4th Grade 5th Grade 6th G | 3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade | |
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| Cell Phone: | Email: | |
| Asst/ Coach: | Asst. Coach Cell Phone: | |
| Asst. Coach: | Asst. Coach Cell Phone: | |



Team Name

2020 Little Big 6 Basketball Tournament Team Roster, Waiver & Consent Form

The waiver and liability MUST BE SIGNED by a parent of each player to have a valid registration. The roster form must be presented to the Future Pioneers prior to tip-off of the first game.

I, the parent of or guardian of the applicant agrees that Future Pioneers and all individuals assisting in the tournament or event in any capacity will not be liable for any causes of actions, claims, and injuries arising out of the participation of the applicant, and hereby release all said groups and individuals from such claims and liabilities. The undersigned acknowledges that in all sports there are certain risks of physical injuries an all players participate at their own risk. I, as legal guardian or parent of any applicant herby consent to the participation of the applicant in the Future Pioneers tournament under the above mentioned conditions.

I, as the parent or legal guardian, by signing below, state that my child is in ample sports condition to participate in the tournaments or events. By signing this form, you exclude the Future Pioneers, any staff members, and volunteers from any normal injury and liability that might occur or labeled as normal sports injuries. I have read and understand the above.

| Team Name: | Coach: | Grade | |
|-------------|--------|------------------|--|
| Player Name | Pa | Parent Signature | |
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Please duplicate if necessary. One form per team entered. MUST be completed and turned in PRIOR to first game.