

DB HOOPS TOURNAMENT REGISTRATION FORM

Team Name: _____ **Grade/Division:** _____

Tournament Date: _____ **Tournament Location:** _____

Head Coach: _____ **Phone:** _____ **Email:** _____

Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

I hereby certify that all information is correct and in all consideration of participating in this or any db Hoops LLC event, that I assume full responsibility for all players listed above and that I have in my possession signed papers from each parent that states that they agree not to hold responsible db Hoops LLC, its members, coaches or other employees on account of any injury or loss or damage suffered as a result of a player participating in this or any db Hoops LLC event, including but not limited to games, practices or travel to and from these activities.

Coach's Signature: _____ **Date:** _____

PLEASE PRINT ALL INFORMATION

	JERSEY #	NAME	GRADE	JERSEY #	NAME	GRADE	

PLEASE SEND THIS FORM AND CHECK TO: DB HOOPS LLC 915 BENSKIN AVE SW CANTON, OH 44710 (330)209-1033