MASTER REGISTRATION FORM (USE FOR ALL EVENTS EXCEPT NCAA SANCTIONED)

TOURNAMENT NAME: _____ TOURNAMENT LOCATION: _____

TEAM NAME: _____ AGE DIVISION: _____

COACH NAME (PRINTED): _____

COACH ADDRESS: _____ CITY, STATE, ZIP: _____

PHONE (CELL): _____ PHONE (HOME): _____

COACH EMAIL: _____

(PLEASE PRINT)

#	NAME (LAST)	NAME (FIRST)	DATE OF BIRTH	AGE	SCHOOL	GRADE	HEIGHT

**I hereby certify that all above information is correct to the best of my knowledge. Additionally I assume all responsibility for all team members listed above and agree to hold Victory Sports Enterprises, LLC, all facilities, gymnasiums, or courts used, and all volunteers, workers, or paid employees free of any and all liability on account of any injury, loss, or damage suffered as a result of participation in this event, including but not limited to games, practices, clinics, camps, and/or travel to/from the event.

COACH SIGNATURE: _____ DATE: _____

Please send this form and check to: Victory Sports Enterprises, LLC / 607 Eastern Avenue Ashland, OH 44805 *614-353-5850* www.vsebasketball.com