



ST. CHARLES TURKEY SHOOTOUT ~ BOYS AND GIRLS ~ 5<sup>TH</sup> & 6<sup>TH</sup> GRADE  
BASKETBALL TOURNAMENT  
REGISTRATION FORM

Please send this form and  
check to:  
St. Charles Athletic Club  
c/o Kevin Willis  
124 Wildwood Drive  
Boardman, OH 44512

Team Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Boys or Girls (circle one)

Head Coach: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

In consideration of my team participating in the St. Charles Basketball Tournament, I hereby (1) certify that all information on this sheet is correct, (2) assume full responsibility for all players listed below, and (3) agree to indemnify and hold harmless St. Charles School, Youngstown Diocese, St. Charles Athletic Club, and their members, volunteers, coaches, and other representatives for any injury, loss, or damaged 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 PLAYER ELIGIBILITY AND THE CONSEQUENCES FOR VIOLATING THOSE RULES.**

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE PRINT ALL INFORMATION LEGIBLY (Note: Jersey numbers may be submitted at the tournament.)

	Jersey #	NAME and SCHOOL	Grade	ADDRESS	CITY/STATE	ZIP	AGE/B-DAY
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
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11.							
12.							
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14.							