Kentucky BCI Basketball – Tournament Registration Form

TEAM NAME: _____

Head Coach:	**Home #:**
Address:	**Work #:**
City, State, Zip:	**Fax #:**
Cell #:	**Email:**

Head Coach		**ASS'T Coach**		**Score Keeper**	

Jersey #	Player Name	D/O/B	Grade

HEAD COACH SIGNATURE:_____

ROSTER AND PARTICIPATION AGREEMENT:
In consideration of being allowed to participate, each participate and their legal representative, waive all claims for injury, accident or loss of any kind and hereby release Kentucky BCI Basketball, all tournament sites, sponsoring organizations, and their employees, members and representatives from any claims or liability. As further consideration to participation, this agreement shall apply and extend to any and all of Kentucky BCI Basketball tournaments. As Coach, I will accept full responsibility for the conduct of my players, coaches and fans on and off the court and will promote only the best sportsmanship among all of us, win or lose. I further agree that my players, coaches, fans and I will be bound by the Rules and Regulations of Kentucky BCI Basketball.

Tournament Name: _____

Date: _____ Age/Division: _____ Boys or Girls

Payment Information:

We accept the following forms of payments: (Circle One) Cash, Money Order, Certified Funds, VISA, MasterCard, American Express. *We no longer accept personal checks. All teams* **Check #:_____**

Name on Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Hotels

Which hotel will you be staying at?_____

How many rooms will you be reserving? _____