

2012 EDINBORO SPRING CAGE CLASSIC TOURNAMENT REGISTRATION FORM

PLEASE SEND THIS FORM
AND CHECK TO:
Terry Thompson
11110 Lawrence Court
Girard, PA 16417
(814) 572-4746

Team Name: _____ Grade/Division: _____ BOYS or GIRLS (Circle one)

Head Coach: _____ Phone: _____ Fax: _____ EMail _____

Address: _____ City/state _____ Zip: _____

I hereby certify that all information above is correct and in all consideration of participating in this or any Achieve Your Dreams Basketball Academy event, that I assume full responsibility for all players listed below and that they agree not to hold responsible Achieve Your Dreams Basketball Academy, its members, coaches, or other associates on account of any injury or loss or damage suffered as a result of a player participating in this or any Achieve Your Dreams Academy event, including but not limited to games, practices or travel to and from these activities.

Coaches Signature _____ Date _____

PLEASE PRINT ALL INFORMATION

#	JERSEY #	NAME	GRADE	ADDRESS	CITY/STATE	ZIP	BIRTH DATE
1							
2							
3							
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