

SIoux CENTER CHRISTIAN SCHOOL

TRAILBLAZER TIP-OFF

YOUTH BOYS
BASKETBALL
TOURNAMENT

SATURDAY, JANUARY 23, 2021

REGISTRATION FORM & ROSTER

Team Name: _____

Coaches Name: _____ Cell Phone: _____

City: _____ State: _____ Email: _____

Grade Level (circle one): 5 6 7 8 Team Skill Level (1-10 10=Highest) 1 2 3 4 5 6 7 8 9 10

Our intent will be to place teams in pool of equal skill level. Please assess best you can.

Players Name

Parent's Signature

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

*Waiver Clause: All players/parents must read and sign prior to the first game

I hereby waive any and all rights for damages I may have against Sioux Center Christian School, Dordt University and tournament coordinators or any of its members for any and all injuries suffered in this tournament. I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. under the direction of the team's coach until such time as I may be contacted. I also assume responsibility for payment of such treatment.

The coach, if given permission by each player's parents, may agree to this waiver on their behalf, by signing below.

Coaches Signature: _____

The Trailblazer Tip-Off is hosted by Sioux Center Christian School's parent group, PACE

Any questions? Please email trailblazertipoff@gmail.com or Jay Ouwinga 712-441-2499

