Poland All-Sports Boosters 2026 BASKETBALL CLASSIC REGISTRATION FORM

Please type or print all information legibly

Team Name:					Grade:		☐ Boys	☐ Girls
Head Coach:					Phone:			
Email:								
Assistant Coach 1:					Phone:			
Assistar	nt Coach 2:				Phone:			
In consideration of my team participating in the Poland All-Sports Boosters Basketball Classic, I hereby (1) certify that all information								
on this sheet is correct, (2) along with our players parents, assume full responsibility for all players listed below, and (3) all agree to								
indemnify and hold harmless the Poland Local School District, the Poland All-Sports Booster Club, and their members, volunteers, coaches, and other representatives for any injury, loss, or damage 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 ELIGIBILTY AND THE CONSEQUENCES FOR VIOLATING THOSE RULES.								
Head Coach's signature:					Date:			
	Player Name		Jersey #	Grade	School District of Attendance		ndance	
1								
2								
3								
4								
5								
6								
7								
8								
9								
20								
11								
12								
KNOWN SCHEDULE CONFLICTS:								

PLEASE MAKE CHECKS PAYABLE TO: **POLAND ALL-SPORTS BOOSTERS**PLEASE MAIL THIS FORM AND A CHECK TO: Poland All-Sports Boosters, PO Box 5021, Poland OH 44514

OR

EMAIL THIS FORM TO: PolandBoosterTourney@gmail.com AND VENMO @Brian-Antal-2