TOURNAMENT REGISTRATION

WAMEGO BASKETBALL ASSOCIATION

PRINT and complete this form and mail to WBA, PO Box 132, Wamego, KS 66547.
Include a check for $150 one tournament or $275 for both tournaments.

MARK ONE

January Tournament _____ February Tournament _____ BOTH Tournaments _____

Team Name _____

Coach _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

CIRCLE ONE

BOYS GIRLS

CIRCLE GRADE LEVEL

3rd 4th 5th 6th 7th 8th 7th/8th

(Grade level is determined by oldest player unless prior approval given.)

Use the scale below to circle your competitive level. Multiple brackets will be used to divide competitive levels if necessary. WBA reserves the right to combine age groups if necessary.

CIRCLE COMPETITIVE LEVEL

1 2 3 4 5 6 7 8 9 10

(Least Competitive) (Most Competitive)

In consideration of being allowed to participate, I, _____, the undersigned representative of the above team waive all claims for injury, accident or loss of any kind and hereby release Wamego Basketball Association and all associated gymnasiums, their employees, members and representatives from any claims.

Signature _____ Date _____

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