



PL YOUTH SPORTS
 5TH & 6TH GRADE BOYS
 BASKETBALL TOURNAMENT
 JANUARY 30, 2010

As a parent/guardian or coach of the participating child, by my signature, I hereby give my permission for my son to participate in the PL Youth Sports basketball tournament. I understand that the tournament organizers, Pequot Lakes School or Eagle View elementary school has no responsibility, assumes none and does not carry any medical insurance for the participants. I assume full responsibility for my child's medical expenses and well being and waive and release PL Youth Sports, Community Education, the Pequot Lakes School, Eagle View elementary school and all officials from any and all liability for any injuries that may occur.

SCHOOL/TEAM NAME _____ GRADE _____

COACHES NAMES _____

COMPLETE ADDRESS _____

	<u>PLAYERS NAME</u>	<u>JERSEY #</u>	<u>PARENTS SIGNATURE</u>	<u>PHONE #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

***** THIS FORM MUST BE TURNED IN BEFORE THE START OF YOUR FIRST GAME *****
(At Concession Stand)

PLEASE BRING COMPLETED PARENT PERMISSION FORM TO THE TOURNAMENT