

# 2009 Mansfield Thanksgiving Hoop Tip-Off Tournament

## TEAM REGISTRATION FORM

Town Name: _____	Grade: _____	Girls _____	Boys _____
Did the team play together a year ago? _____		2008-2009 record _____	
In what league? What division? _____			
Skill Level: A _____ B _____ Somewhere in between _____			
Coach's comments on teams competitiveness PLEASE BE HONEST!			

### PLAYER NAMES

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_

HEAD COACH: \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_  
OTHER CONTACT \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

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In registering for the Mansfield Thanksgiving Hoop Tip-Off, the Coach and registering organization shall warrant that all players waive and release the Mansfield Youth Basketball Association and the owners of the facilities where the games are being played from any and all liability from injury, illness, or death while playing in this tournament. Any medical treatment for players and coaches will be at the discretion of the coach and payment of any such medical expenses will be the sole responsibility of the person treated.

Coach Signature: \_\_\_\_\_

Please fill out the roster completely and send this form and a check for \$220 payable to **Mansfield Youth Basketball Association** to:

**MYBA, c/o Jim Higgins, 41 Angelina Lane, Mansfield, MA 02048**

Questions? Contact Bruce Bouck at 617-335-6839 [runbrb@comcast.net](mailto:runbrb@comcast.net)