

**North Shore Thanksgiving Youth Basketball Tournament**  
**TEAM REGISTRATION FORM**

Town Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Girls \_\_\_\_\_ Boys \_\_\_\_\_

Skill Level:    A \_\_\_\_\_ B \_\_\_\_\_

	NAME	address	Email address	Phone #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

List the coaches on the bench:

- 1. \_\_\_\_\_ Phone # \_\_\_\_\_
- 2. \_\_\_\_\_ Phone # \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ E-mail \_\_\_\_\_

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In registering for the North Shore Thanksgiving Youth Basketball Tournament, the Coach and registering organization shall warrant that all players and waive and release The North Shore Thanksgiving Youth Basketball Tournament 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 league. 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 \$240 payable to North Shore Thanksgiving Youth Basketball Tournament to:

North Shore Thanksgiving Basketball Tournament, 101 Richmond Rd, Belmont MA 02472.

Questions? Mark Papas at 978-460-2122 [asfig@comcast.net](mailto:asfig@comcast.net)