



## 4TH STREET CLASSIC BASKETBALL TOURNAMENT TEAM REGISTRATION FORM

### Team Information

- Team Name: \_\_\_\_\_
- Division (Age Group): \_\_\_\_\_
- City/State: \_\_\_\_\_

### Head Coach Information

- Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Assistant Coach (optional)

- Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Team Roster

Please list all players. Each team may register up to 12 players.

1. Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Jersey #: \_\_\_\_\_ School: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

2. Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Jersey #: \_\_\_\_\_ School: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

3. Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Jersey #: \_\_\_\_\_ School: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

4. Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Jersey #: \_\_\_\_\_ School: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

5. Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Jersey #: \_\_\_\_\_ School: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

6. Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Jersey #: \_\_\_\_\_ School: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

7. Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Jersey #: \_\_\_\_\_ School: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

8. Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Jersey #: \_\_\_\_\_ School: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

9. Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Jersey #: \_\_\_\_\_ School: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

10. Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Jersey #: \_\_\_\_\_ School: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

11. Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Jersey #: \_\_\_\_\_ School: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

12. Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Jersey #: \_\_\_\_\_ School: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

### Emergency Contact Information

- Primary Emergency Contact Name: \_\_\_\_\_
- Relationship to Team/Player: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

### Medical Waiver & Liability Release



I, the undersigned parent/guardian of the above-named player(s), understand that participation in the 4th Street Classic Basketball Tournament involves inherent risks of injury. I hereby release, discharge, and hold harmless the 4th Street Classic, its staff, organizers, volunteers, and affiliates from any and all liability for injury, illness, or other loss sustained during participation. I confirm that my child is physically able to participate and authorize emergency medical treatment if needed.

### Photo/Video Release

I grant permission for my child to be photographed or recorded during the tournament, and for those images or recordings to be used for promotional, marketing, or media purposes by the 4th Street Classic and its partners, without compensation.

### Acknowledgment & Agreement

By signing below, I acknowledge that I have read and agree to the terms of the medical waiver and photo release, and certify the accuracy of the provided information.

1. Parent/Guardian Signature: \_\_\_\_\_
2. Parent/Guardian Signature: \_\_\_\_\_
3. Parent/Guardian Signature: \_\_\_\_\_
4. Parent/Guardian Signature: \_\_\_\_\_
5. Parent/Guardian Signature: \_\_\_\_\_
6. Parent/Guardian Signature: \_\_\_\_\_
7. Parent/Guardian Signature: \_\_\_\_\_
8. Parent/Guardian Signature: \_\_\_\_\_
9. Parent/Guardian Signature: \_\_\_\_\_
10. Parent/Guardian Signature: \_\_\_\_\_
11. Parent/Guardian Signature: \_\_\_\_\_
12. Parent/Guardian Signature: \_\_\_\_\_

### Coach Agreement

I agree to abide by the rules and regulations of the 4th Street Classic and ensure my team's compliance.

Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fee: \$\_\_\_\_\_ (if applicable)

Payment Method: ☐ Cash ☐ Check ☐ Credit/Debit

SUBMIT FORM & PAYMENT TO:

4th Street Classic Committee

Email: 4thStreeClassic@gmail.com| Phone: