



KIDSPORTS 3 v 3 Tourney TEAM ROSTER FORM

TEAM NAME

TEAM GENDER (circle one): MALE FEMALE CO-ED

HEAD COACH

HOME PHONE

WORK/CELL PHONE

E-MAIL

COACH SIGNATURE *

AGE GROUP (circle one): 4th-5th Grade Middle School High School Adult

LEVEL (circle one): A (upper) B (lower)

Max of 4 players/team.

PLAYER NAME	PHONE	ADDRESS	AGE	GRADE IN SCHOOL (this past school year) (if app.)	Player Signature *

* I release KIDSPORTS/agents from any liability for injury resulting from participation. I will reimburse KIDSPORTS for any unreturned equipment/gear. I agree to abide by and uphold KIDSPORTS rules, policies and procedures, including but not limited to the KIDSPORTS harassment policy, to respect the decisions of coaches and officials made in the course of performing their duties and to assume full responsibility that the person I am registering and all of our family members and guests do the same.