

SENECA Youth Basketball Tournament -- Registration Form

SEND THIS FORM ALONG WITH YOUR CHECK TO: City of Seneca / P.O. Box 40 / Seneca, KS 66538 **REGISTRATION DEADLINE:** Until tournament is filled

Dates, Times, & Fees

SATURDAY, December 2nd

-Times are TBA. If not enough teams, some age groups (Boys & Girls) may have to play up/down one age division.

| |
|--|
| 3 Game Guarantee \$150 Per Team |
|--|

Gym Locations

Nemaha Central High School
 210 North 11th Street / Seneca, KS 66538
Nemaha Central Middle School
 110 North 11th Street / Seneca, KS 66538
Saints Peter & Paul School
 409 Elk Street / Seneca, KS 66538

Contact Information

Tournament Director:

David Hutfles
 785-336-2747 (work)
 785-336-6344 (fax)
 hutflesd@gmail.com

COACH & TEAM INFORMATION

Gender (Coach): (circle) Male / Female

Team Name: _____

Coach's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

Email: _____

Team Classification

Boys

Girls

- | | |
|--|--|
| <input type="checkbox"/> 3 rd Grade | <input type="checkbox"/> 3 rd Grade |
| <input type="checkbox"/> 4 th Grade | <input type="checkbox"/> 4 th Grade |
| <input type="checkbox"/> 5 th Grade | <input type="checkbox"/> 5 th Grade |
| <input type="checkbox"/> 6 th Grade | <input type="checkbox"/> 6 th Grade |

Rate Your Team

Least Competitive

- 1 2 3 4 5 6 7 8 9 10

Most Competitive

| Jersey # | Name | Grade | School | Phone # |
|----------|------|-------|--------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

In consideration of being allowed to participate: I, _____, the undersigned representative of the above listed team, waive all claims for injury, accident, or loss of any kind and hereby release the City of Seneca and all associated gymnasiums, their employees, members and representatives from any claims. In addition, I verify that all information included on this form is accurate. DATE: _____