

Team Name:	Team Association Name:		Parents First Name	
Home Jersey #	Players First Name	Players Last Name	Parents First Name	Parents Email and Contact Cell#
Team Staff	Name:	Contact email:	Contact Phone#	
	Head Coach			
	Assistant Coach			
	Assistant Coach			
	Team Manager			
	Team Trainer			
ALL COACHES, PLAYERS, PARENTS OR ANY FAMILY MEMBERS ATTENDING MUST SIGN TO ACKNOWLEDGE THEY HAVE READ AND UNDERSTOOD THE RULES OF THE SPRING CLASSIC TOURNAMENT THIS MUST BE RETURNED NO LATER THAN 1 WEEK PRIOR TO THE START OF THE TOURNAMENT				