

## Cody Shootout Youth Basketball Tournament Entry Form

Team Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Fax number: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Coach's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

My team would like to participate in the following division:

BOYS: \_\_5<sup>th</sup> (not over 11 yrs) \_\_ 6<sup>th</sup> (not over 12 yrs) \_\_ 7<sup>th</sup> (not over 13 yrs) \_\_ 8<sup>th</sup> (not over 14 yrs)

GIRLS: \_\_5<sup>th</sup> (not over 11 yrs) \_\_ 6<sup>th</sup> (not over 12 yrs) \_\_ 7<sup>th</sup> (not over 13 yrs) \_\_ 8<sup>th</sup> (not over 14 yrs)

***If one player is older than the expected age for that grade or one player is in an upper grade, the whole team must play in that upper grade.***

Please rank your teams ability (1 weakest, 10 strongest): **1 2 3 4 5 6 7 8 9 10**

### WAIVER

In consideration of your accepting my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the above park district, Cody Youth Basketball Association, or school district and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

### TEAM ROSTER

Player's Name	Parent's Signature	Phone #	Uniform #	Grade
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Proof of age may be required. Mail entries and checks to Cody Youth Basketball Association; P.O. Box 1744; Cody, WY 82414. Tournament entry deadline is Feb. 14<sup>th</sup>, 2007.