



## 2017 Team Registration – Open Division

**Tournament Dates: February 13, 2016 – February 25, 2016**

**All Championship Games: February 25, 2016 @ Suwanee Sports Academy**

**Tournament Host Locations: TDB**

### **Tournament Entry Fee: \$400.00 per team**

\*\* Cash, local Association Check, Money Order, or Certified Funds only (no personal checks accepted) \*\*

**Make all Checks Payable to: GRABB**

**Mandatory Team Certification Meeting: Tuesday February 2, 2016 from 7:00pm to 9:30pm  
AND**

**Optional Coaches Meeting: Tuesday February 2, 2016 from 8pm until 9pm**

\*\* Both at Suwanee Sports Academy - 3640 Burnette Road Suwanee, GA 30024 \*\*

For Registration Questions, contact Eric Johansen at (678) 571-4843 or [eric@inlandllc.com](mailto:eric@inlandllc.com)

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Member Association Name: \_\_\_\_\_ Age Grouping & Gender: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

Head Coach: \_\_\_\_\_ Assistant Coach(es): \_\_\_\_\_

#### **Head Coach Contact Information**

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### **Alternate Team Contact Information**

Alternate Contact Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 2017 Team Roster – Open Division

Age Grouping & Gender: \_\_\_\_\_ Local Association: \_\_\_\_\_

	Legal Birth Certificate Name	Name Player Goes By	Date of Birth (mm/dd/year)	GRABB Certified (GRABB use only)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Coaches	Name	Cell Phone	Alt. Phone	Email
Head				
Assistant				
Assistant				

The **original and one (1) photocopies** of this form needs to be completed by the Team Head Coach and the League President/Director of Basketball for the respective GRABB Member Association. The completed form shall be presented at the Team Certification Meeting on February 2, 2017 along with the required **Entry Fee of \$400.00** made payable to GRABB (acceptable forms of payment are limited to the following: Cash, local Association Check, Money Order, or Certified Funds only – NO PERSONAL CHECKS). Each local Association must present a current Certificate of Insurance providing appropriate coverage for the participants from their Association, and all COI must name GRABB as Additionally Insured. A copy of the team registration form will be returned to the local Associations representative at the Team Certification Meeting once approved by GRABB. The Tournament Director will retain the originals and **each Head Coach must carry duplicate records in the event said records are needed for verification purposes**. Changes to the Team Roster will be considered on a case by case basis by GRABB when presented to the Tournament Director prior to the start of the team’s first scheduled game. **Once the entered team has started tournament play, NO changes will be considered and all rosters are considered FINAL.**

**In the event of a player eligibility protest, a copy of this form along with a copy of the player’s birth certificate must be available for review by the Tournament Director and any GRABB officials. Failure of the respective team to have a readily available copy will constitute the player in question to be deemed ineligible until the appropriate documentation is presented.**

By my signature below, I hereby certify that the players registered are intending to participate in the GRABB Open Division which is a **grade based level of basketball competition**. Additionally, the required proof of the school attendance and appropriate grade level documentation (must include the school name and grade level, such as the Gwinnett County Public Schools Parent Portal document) has been presented to the GRABB Board for review and consideration. I further acknowledge that I have received, read, and reviewed all of the applicable 2017 GRABB Tournament Rules pertaining to the Age Group that I am coaching.

\_\_\_\_\_  
League President/Basketball Director – Printed Name

\_\_\_\_\_  
Head Coach – Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
GRABB Board Member

\_\_\_\_\_  
Date

**\*\* Parent Statement: (please print the appropriate Names and Sign below) \*\***

I, \_\_\_\_\_ give approval and permission for the participation of my child  
(Printed Parents Name or Guardian)

\_\_\_\_\_ in the 2016 GRABB Tournament.  
(Printed Name of the GRABB Player)

**I further certify that my child is currently attending elementary school, middle school, high school, or is home schooled. Additionally, I further certify that my child or player is not currently enrolled or has been previously enrolled in any college or university level classes and is still currently attending high school, meaning the 12<sup>th</sup> grade or below, with respect to the current schooling practices of my player involved in the 2017 GRABB Tournament.**

As the parent/guardian of this child, I assume all risks, hazards, and liability for my child as a result of participation, including transportation to and from said tournament activities. I waive, release, absolve, indemnify and agree to hold harmless the GRABB Board, GRABB League, affiliated GRABB member Associations, Host Locations, Suwanee Sports Academy, Gwinnett County Parks and Recreation, Gwinnett County et al, it's organizers, officers, directors, coaches, players, parents, participants, referees, and related parties to the 2017 GRABB Tournament from any claims arising out of injury to my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*\* GRABB must have one (1) copy of this Form on file for each player participating in the 2017 GRABB Tournament \*\***

**\*\*\* NO Player may participate in any Tournament Games without this form being completed \*\*\***

**\*\* Players that are at least 18 years old may execute this form for themselves \*\***