



2017 Team Registration – Recreation Teams

Tournament Dates: February 13, 2017 – February 25, 2017
All Championship Games: February 25, 2017 @ 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: Thursday February 2, 2017 from 7pm to 9:30pm
AND

Optional Coaches Meeting: Thursday February 2, 2017 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

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 – Recreation Teams

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 all players listed above were registered with our local Association during the 2016-2017 Regular Season and that these players have played in at least 75% of the games offered by their league. I further certify that no player has played in or will play in more than two (2) Travel, AAU, YBOA, or equivalent tournaments during a period from December 1, 2016 thru February 25, 2017, and that no player is a current High School, Middle School, or Gwinnett Basketball League (GBL) player. I understand that all games where an ineligible player has participated in will be a forfeit for the team listed on this document. 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 2017 GRABB Tournament.
(Printed Name of the GRABB Player)

I further certify that my child has not played in or will play in more than two (2) Travel, AAU, YBOA, or equivalent level tournament during a period of December 1, 2016 thru February 25, 2017, and that he/she is not a current High School, Middle School, or Gwinnett Basketball League (GBL) player.

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 ****