

6th annual McHenry Classic

Team Registration Form

Team: \_\_\_\_\_ Age: \_\_\_\_\_

	Jersey #	Player Name	DOB
1			
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**I understand that I am responsible for my own actions and those of the coaches, players, spectators and parents of my team as well while at the McHenry Classic.**

**I understand that this is an In-House All Stars tournament. I certify that my team is not a full or parttime travel team and that all players on my roster played on in-house teams March-July 2011.**

**If it is determined that my team has any (even just 1) former 2011 travel player we will forfeit all games and receive no refund.**

\_\_\_\_\_  
Coach Signature

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_