2008 Tournament Entry

Fill out and mail with payment to:
Carolina Youth Basketball
P.O. Box 1298
Myrtle Beach, SC 29577
Phone: 843-385-1308
www.carolinayouthbasketball.com

☐ Myrtle Beach Memorial Madness

GRADE LEVEL (Please circle one) 3rd 4th 5th 6th 7th 8th 9th 10/11th ___Boys ___Girls

TEAM NAME_____COACHES NAME_____

ADDRESS_____CITY_____

STATE_____ZIP_____PHONE:_____EMAIL_____

Player Name	Grade Current Year	School Attending	Birthdate	Address

I hereby certify that all information above is correct and in consideration of participating in this or any Carolina Youth Basketball event, that I assume full responsibility for all players listed above and that I have in my possession, signed "waiver of liability" from each Parent/Guardian holding Carolina Youth Basketball, LLC, it's members, agents or employees harmless in the event of injury or other loss or damage suffered as a result of their player participating in this or any other Carolina Youth Basketball, LLC event, including but not limited to games, practices or travel to and from these activities.

Signature_____Date_____

To be signed by Coach or Club Organizer