

TOURNAMENT REGISTRATION FORM

BATTLE OF THE 216 – YOUTH & HS TOURNAMENT

Date:	Jun 2 nd , 2012 – Jun 3 rd , 2012
Location:	Victory Park 7777 Victory Ln. North Ridgeville, OH 44039
Time:	TBD
Ages:	12u – 16u
BID:	Nations National Qualifier
Game Guarantee:	3 Games (<i>weather permitting</i>)
Price:	12u – 14u \$249 + Umpires, 14u (60x90) \$275 + Umpires, 15u – 16u \$399 + Umpires
Deadline:	May 25 th , 2012



For more information please contact:

Phone: (866) 219 – 0797

Email: tournaments@aathletes.com

Visit – aathletes.com for additional details.

TOURNAMENT REGISTRATION FORM

Team Information and Profile

<i>Manager Last Name</i>	<i>Manager First Name</i>	<i>Email</i>	
<i>Address</i>			<i>Apt/Suite</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone (Mobile)</i>
<i>Team Name</i>		<i>Team Age Group</i>	

Payment / Billing Information

I would like to pay using the following method (check one):

<input checked="" type="checkbox"/> Check/Cash	<i>Check #</i>	<i>Amount:</i>	<i>Rec'd by:</i>
<input type="checkbox"/> Credit Card			

Credit Card Information:

Card Type: VISA Mastercard Discover American Express

Card Number: _____

Expiration: _____ CVV2 Code: _____
Month Year

I hereby authorize Aspiring Athletes to charge my credit card for the amount of _____.

Note: Processing fee of 5% applies to all credit card transactions

<i>Signature</i>	<i>Date</i>
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Terms and Conditions

- Release and Waiver:** I understand that there are risks associated with participation in this event. I release and discharge Aspiring Athletes, the workers and sponsors from any and all actions, lawsuits and demands whatsoever in law and equity, including but not limited to the risk of injury from participating in this program. In the event of a medical emergency, I authorize any staff member to seek medical treatment for my child. I certify that the registrant named above is in good health and able to participate in all activities of this event. I understand that I must also provide my own medical insurance. By signing my signature below, I agree that I have read, understand, accept and abide by the terms and conditions set forth above.
- Refund Policy:** If you call prior to a registration deadline to cancel your registration a 75% refund will be issued. If you call after a registration deadline you will receive 50% of your entry back. You must call 10 Days prior to tournament start date in order to receive the applicable refund. No refund will be issued during the 10 days prior to tournament start. If you have extenuating circumstances, you may submit a formal request for refund in writing to our corporate office (10701 Royalton Rd. Unit D, North Royalton, OH 44133) where a review and judgment of such request will be considered and rendered within approximately thirty (30) days of receipt of written request. Aspiring Athletes reserves the right to issue refunds in the form of credit towards other Aspiring Athletes services or inclusion in a similar or like event as agreed upon but will not be bound to issuing refunds outside the terms written above.
- Weather Cancellation Policy is as follows:** Rainout Policy: No games are played - 75% refund; 1 game played - 50% refund; 2 games played - no refund
NO Special Start Requests: Before committing to our tournament, make sure your team does not have other schedule conflicts on the listed tournament dates. Aspiring Athletes will try to accommodate out of town request but will not guarantee any special accommodations. Reserved Spot: Your team will not be confirmed into any tournament until full payment is received.

<i>Team Manager Signature</i>	<i>Date</i>
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Print Name

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Team Information and Profile

<i>Manager Last Name</i>	<i>Manager First Name</i>	<i>Email</i>
<i>Team Name</i>	<i>Age Group</i>	<i>Phone (Mobile)</i>

Team Roster Information

	Uniform #:	Player Full Name:	Position:	DOB:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				