



Holiday Basketball Tournament December 15-20

\$220.00 a team

Important Information

- Boys and Girls Grades 3-12
- Team Only Registration
- Registration Closes Sunday, December 7th

Tournament Format

- 3 Game Minimum
- 2 Pool Games Followed by
- Single Elimination Bracket
- Games will be played under current
- PSA Basketball Rules

Divisions are based on: # of teams; PSA team assignments; coaches request. Final placement will be made by the PSA basketball board.

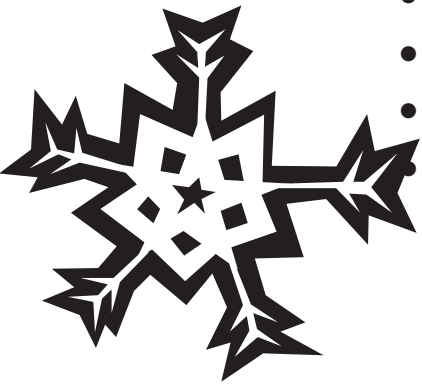
Game Start Times

Weeknights (6pm-8pm)

*9pm start days if needed for older grades

Saturday (8am-9pm)

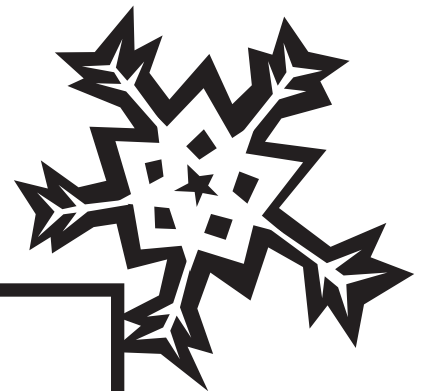
Sunday (1pm-8pm)



AOSM
Associated Orthopedics
AND SPORTS MEDICINE



6500 Preston Meadow
Plano, Tx 75024
972-208-5437 fax 972-208-3801
www.psaplano.org





Plano Sports Authority

2008/09 Holiday Tournament

Entry Form & Team Roster

PAYMENT INFORMATION (PSA USE ONLY)	
RECEIPT NUMBER	TOTAL AMOUNT
DATE	INITIAL

EVENT 2008 Holiday Tournament	LEAGUE <input type="checkbox"/> Boys <input type="checkbox"/> Girls	GRADE	TEAM NAME (COACHES LAST NAME)
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Team Placement Information: ➤ Teams will be placed by request, current, and previous records. Final placement made by league coordinators and the basketball director.

Non PSA Team

PSA 2008/09 Winter Season Team

GRADE	2008/09 WINTER DIVISION ASSIGNMENT –NON PSA DIVISION REQUEST
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Team Roster (only players on this roster are eligible to play during the tournament)

	COACHES' NAME	ADDRESS	PHONE NUMBERS	E-MAIL ADDRESS
HEAD COACH			HOME	E-MAIL
			WORK or CELL	ADDT'L E-MAIL
ASST. COACH			HOME	E-MAIL
			WORK or CELL	ADDT'L E-MAIL

	PLAYER'S NAME		PLAYER'S NAME
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Payment Information

- REFUND POLICY: \$30.00 Service Charge of the appropriate sport's fee prior to registration closing, NO refunds for any reason after registration closes. Requests for refunds must be made in person at PSA, M-F 9:30 am - 5:30 pm, NO EXCEPTIONS.
- Returned Checks are subject to a \$30.00 fee.

<input type="checkbox"/> Cash <input type="checkbox"/> Check	CHECK #	DRIVERS LICENSE NUMBER		STATE
<input type="checkbox"/> MC <input type="checkbox"/> Disc <input type="checkbox"/> Visa <input type="checkbox"/> Amex	NAME OF CARD HOLDER	CREDIT CARD NUMBER	CVV#	EXP DATE

Team Contract/Notice to Parents

I, the player's parent/guardian, understand the nature of sports and this player's experience. This player is in good health and in proper physical condition to participate in sports activities. I release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless PSA from all liability claims, demands, losses or damages on this player's account caused or alleged to be caused in whole or in part by the negligence of PSA or otherwise. I further agree that if, despite this release, I, the player, or anyone on the player's behalf makes a claim against PSA, I will indemnify, save, and hold harmless PSA from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim.

I hereby submit my team for certification for tournament play and agree to abide by the tournament rules. I understand that games will be played according to the current PSA Basketball Rules.

Coach's Signature	Please Print Name	Date

PSA OFFICE USE ONLY		
LEAGUE <input type="checkbox"/> Boys <input type="checkbox"/> Girls	GRADE	BRACKET ASSIGNMENT <input type="checkbox"/> Top <input type="checkbox"/> Middle <input type="checkbox"/> Bottom