

Under Pressure Tournament

Registration



Part One – Team/Contact Information

Team Name	
Coach	
Age Group(s)	
Address	
City, State, Zip	
Phone(s)	
Email	
Alternative Contact	

Part Two – Registration Options

How many teams would you like to register?

1 Team	Circle one:	10U	11U	12U	13U	14U	JV	\$325.00 per team
2 Teams	Circle two:	10U	11U	12U	13U	14U	JV	\$300.00 per team
3 Teams	Circle three:	10U	11U	12U	13U	14U	JV	\$285.00 per team
Late Registration								\$375.00 per team
AAU Age and Grade Eligibility Requirements Apply								

Teams must submit roster with all required information (including birth certificates and parent signature required) before beginning tournament play.



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Team Name _____ Coach _____

Age Group _____

Uniform #	Name of Player	Birth date	Age	Gender	Grade

I, the team/club representative or team/club coach of _____ (state team/club name), hereto referred to as "competing team" state that all team/club coaches and athletes representing competing team are AAU registered or will be registered prior to the start of the Under Pressure Tournament. If, in fact, I fail to register any coach or athlete, I hold Pressure Basketball Club, AAU of USA, Inc., and/or any of its sponsors or competition facilities harmless from any liability, direct or indirect, from either my or any of the athletes or coaches representing competing team and the team's involvement or participation in the Under Pressure Tournament. I agree that any litigation costs incurred by the organizers of the Under Pressure Tournament as a result of competing team's failure to make payment for any reason, including checks returned for insufficient funds, will be the sole responsibility of the competing team. I understand that unsportsmanlike conduct will not be tolerated, and could result in my team's dismissal from the tournament without refund. As coach of this team, I have received permission from the parents/guardians of each player to participate in the Under Pressure Basketball Tournament. I will in no way hold the organizers, sponsors, supervisors, and any volunteers liable for any injuries that may occur during this activity.

DATE _____

Print Name of Coach or Team Representative _____ Title _____

Signature _____

PLEASE COMPLETE & RETURN with TEAM ROSTER FORM TO UPON REGISTRATION