

BUFFALO STORM BRIAN DUX INVITATIONAL TOURNAMENT MARCH 23-MARCH 24, 2012
Cost \$-\$375 if form (Roster & check to follow) is in by March 18 WWW.BUFFALOSTORM.ORG

PLEASE SEND THIS FORM AND CHECK TO:
 Tim Schulz
 C/O: Buffalo Storm
 164 Stonehenge Drive
 Orchard Park, NY 14127
 (716) 472-5330

Team Name: _____ Age: _____ GIRLS/BOYS: A or B (Circle one)
 Head Coach: _____ Phone: _____ FAX: _____
 Address: _____ City/State _____ ZIP _____ Email _____

CELL PHONE FOR TOURNAMENT INFO: This is the number we call for playoff info! _____

I certify that I am the Team coach and/or Team representative for the players on the Team identified and named below (the "Team"). As such, I represent that I have the authority to act on behalf of the Team and its players. I certify that we will indemnify and hold AAU, the Buffalo Storm, Timothy C. Schulz, Buffalo Storm coaches, Iroquois Central School District, The Nichols School, Holland Central School District, the Elma Boys and Girls' Club, the East Aurora Boys and Girls Club, Gloria J. Parks Community Center, City of Buffalo, Peter Machnica Community Center, Holy Angels Academy, The Gow School, St. Mary's of Lancaster, Daemen College, Buffalo Tapestry, North Buffalo Community Center, Hennepin community Center, Tournament referees, and each of their respective officers, directors, owners, employees, agents, representatives and/or volunteers harmless and free from any liability, direct or indirect, resulting from the negligence or intentional or reckless act by me or any one of my Team participants during the Tournament event, including but not limited to games, practices or travel to and from these activities. This is an AAU sanctioned tournament and as such teams are required to have AAU insurance.

I certify that the Team participants also understand that this is a recreational activity, that there are risks associated with this activity, and that each participant voluntarily assumes the risk of injury, loss or damage that may result from participation in this Tournament event.

Coach's Signature _____ Date _____

PLEASE PRINT ALL INFORMATION

	JERSEY #	NAME	GRADE	ADDRESS	CITY/STATE	ZIP	BIRTH DATE
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