



**MLK Tournament Registration Form**

<b>TEAM NAME</b>	
<b>AGE GROUP (circle one)</b>	9U 10U 11U 12U 13U 14U
<b>DIVISION</b>	
<b>TEAM CONTACT/TITLE</b>	
<b>ADDRESS</b>	
<b>CITY, STATE, ZIP</b>	

The undersigned being the representative of the team name above, hereby agrees to hold the A.C.E.S. Tournaments, the officers and directors, faultless in the event of injury or other harm occurring to the teams' players during the participation in all tournament events. The representative assures the tournament that adequate medical insurance is available and if necessary will be responsible for any medical expenses.

<b>SIGNATURE OF TEAM CONTACT</b>	
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Please note that your team is not confirmed in the Tournament until we have received payment in full. Make payment to ACES and mail to:  
 ACES Basketball  
 PO Box 6342  
 Anaheim, CA 92816

For additional info, please call Coach Prince at 714-470-1282 or [pcassell@acesbasketball.org](mailto:pcassell@acesbasketball.org)