

TEAM INFORMATION

Team Name: _____

DIVISIONS*

TEAM GENDER (check one):

MALE FEMALE CO-ED

ADULT DIVISIONS (check one):

ELITE - \$125: *The highest level of competition.*

Officials provided.

OPEN - \$96: *A recreational level of play. Call your own fouls.*

OPEN 6'1" & UNDER - \$96: *A recreational level of play. All team members must be 6'1" tall or under. Call your own fouls. Every player will be measured at the start of 1st game and if found to be over 6'1", will be disqualified from the tournament.*

OPEN CO-ED - \$96: *A recreational level of play. All teams must have at least one female on the court at all times. Call your own fouls.*

OVER 40 - \$96: *A recreational level of play with all members over the age of 40. Call your own fouls.*

HIGH SCHOOL DIVISIONS (check one) - \$96:

9th/10th 11th/12th
Entering grades 9-12 in the fall of '08.

Officials provided.

YOUTH DIVISIONS (check one) - \$84:

3rd/4th 5th/6th 7th/8th
Entering grades 3-8 in the fall of '08.

Officials provided.

*NOTE: Divisions may be combined/dropped at the discretion of tournament director due to a low number of entries. Players may play in higher divisions if desired.

Waiver of Liability, Release, Hold Harmless, and Agreement not to Sue:

I, fully understand that my participation in the Medical Lake Founders Day Pick & Roll Basketball Tournament (hereinafter "event") exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event and agree to assume any such risk.

I hereby release, discharge and agree not to sue Wannabee Hospitality, Medical Lake Founders Day Committee, event sponsors, event charities and their workers, employees, directors, and the City of Medical Lake for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event from whatever cause, including the active or passive negligence of Wannabee Hospitality, Medical Lake Founders Day Committee, event sponsors, event charities and their workers, employees, directors, and the City of Medical Lake or any participants in the event.

In consideration for being permitted to participate in the event, I hereby agree, for myself, my heirs, administrators, executors and assigns that I shall indemnify and hold harmless Wannabee Hospitality, Medical Lake Founders Day Committee, event sponsors, event charities and their workers, employees, directors, and the City of Medical Lake for any and all claims, demands, actions or suits arising out of or in connection with my participation in the event.

I have carefully read this release, hold harmless and agreement not to sue and fully understand its contents. I am aware that it is a full release of all liability and sign of my own free will.

CAPTAIN

(please print clearly)

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____ - _____

E-mail: _____

Sex: M F

Height: _____' _____" Birthdate: ____/____/____

Age on 6/21: _____ School Grade (Fall '08): _____

Experience: AAU H.S. Varsity College

T-shirt Size: S M L XL XXL

(adult sizes only)

I have read and understand the waiver/release.

x _____ Date: _____

Captain Signature

x _____ Date: _____

(Parent/Guardian Signature if player is under 18 years old)

PLAYER 3

(please print clearly)

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____ - _____

E-mail: _____

Sex: M F

Height: _____' _____" Birthdate: ____/____/____

Age on 6/21: _____ School Grade (Fall '08): _____

Experience: AAU H.S. Varsity College

T-shirt Size: S M L XL XXL

(adult sizes only)

I have read and understand the waiver/release.

x _____ Date: _____

Player 3 Signature

x _____ Date: _____

(Parent/Guardian Signature if player is under 18 years old)

PLAYER 2

(please print clearly)

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____ - _____

E-mail: _____

Sex: M F

Height: _____' _____" Birthdate: ____/____/____

Age on 6/21: _____ School Grade (Fall '08): _____

Experience: AAU H.S. Varsity College

T-shirt Size: S M L XL XXL

(adult sizes only)

I have read and understand the waiver/release.

x _____ Date: _____

Player 2 Signature

x _____ Date: _____

(Parent/Guardian Signature if player is under 18 years old)

PLAYER 4 (Optional)

(please print clearly)

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____ - _____

E-mail: _____

Sex: M F

Height: _____' _____" Birthdate: ____/____/____

Age on 6/21: _____ School Grade (Fall '08): _____

Experience: AAU H.S. Varsity College

T-shirt Size: S M L XL XXL

(adult sizes only)

I have read and understand the waiver/release.

x _____ Date: _____

Player 4 Signature

x _____ Date: _____

(Parent/Guardian Signature if player is under 18 years old)