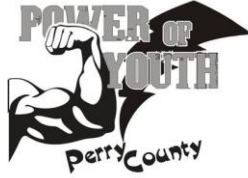




**3 ON 3 CO-ED
BASKETBALL TOURNEY**

**March 10, 2012
Tell City Jr.-Sr. High Auxiliary Gym
Games begin at 9am**

BROUGHT TO YOU BY



Please select which age group your team belongs:
_____ **Grade 6-8** _____ **Grades 9-12** _____ **Adults**

Team Name: _____

Basketball Tourney Entry Form

1. Participant Name _____ Birthday: _____

Address _____
Street Address City State Zip

Contact Info _____
Phone Cell Phone Email Address

Emergency Contact Person _____
Name Phone Number Relationship

2. Participant Name _____ Birthday: _____

Address _____
Street Address City State Zip

Contact Info _____
Phone Cell Phone Email Address

Emergency Contact Person _____
Name Phone Number Relationship

3. Participant Name _____ Birthday: _____

Address _____
Street Address City State Zip

Contact Info _____
Phone Cell Phone Email Address

Emergency Contact Person _____
Name Phone Number Relationship

4. Participant Name _____ Birthday: _____

Address _____
Street Address City State Zip

Contact Info _____
Phone Cell Phone Email Address

Emergency Contact Person _____
Name Phone Number Relationship

Please see other side for waiver form and further instructions.

WAIVER. PLEASE READ CAREFULLY BEFORE SIGNING: I know that participating in the 3 on 3 Co-Ed Basketball Tourney is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I assume any and all other risks associated with participating in this event including but not limited to falls, contact with other participants, and physical injuries. All these risks are known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim in my behalf, covenant not to sue, and waive, release and discharge the Perry County Community Foundation, the Community Foundation Alliance, Inc., Purdue Extension –Perry County, the hosting school, all sponsors, the State of Indiana, City of Tell City, Perry County, and tourney officials and volunteers, any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation in, this event. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. In the event that I am in need of medical treatment and unable to give consent or direction for medical treatment, I authorize and give consent to the employees or agents of Perry County Memorial Hospital, Perry County E.M.S. and such other medical personnel that are on hand to provide me with medical treatment they deem necessary. The undersigned further grants full permission to the Perry County Community Foundation, Community Foundation Alliance and the Purdue Extension –Perry County, all sponsors and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose.

SIGNATURE OF PARTICIPANT 1 **SIGNATURE OF PARENT OR GUARDIAN (IF PARTICIPANT UNDER 18)** **DATE**

SIGNATURE OF PARTICIPANT 2 **SIGNATURE OF PARENT OR GUARDIAN (IF PARTICIPANT UNDER 18)** **DATE**

SIGNATURE OF PARTICIPANT 3 **SIGNATURE OF PARENT OR GUARDIAN (IF PARTICIPANT UNDER 18)** **DATE**

SIGNATURE OF PARTICIPANT 4 **SIGNATURE OF PARENT OR GUARDIAN (IF PARTICIPANT UNDER 18)** **DATE**

**Registration Fee -- \$5.00/person (4 people per team max)
Registration Deadline - March 2nd**

**Drop off or mail form and payment* to:
Perry County Power of Youth
c/o Perry County Community Foundation
817 12th Street, PO Box 13, Tell City, IN, 47586.**

***You can pay the day of the event but you must mail your registration form to the address above by March 2nd.**

Perry County Power of Youth
is sponsored by



in partnership with

