



3 on 3 Basketball Tournament @ Eastern Hancock
MARCH 20th, 2010

Sponsored by: "Team Image"

TEAM NAME _____

AGE GROUP: (Check One)

- | | |
|---|--|
| <input type="checkbox"/> 7-8 YR. BOYS (9ft Goals) | <input type="checkbox"/> 7-8 YR. GIRLS (9ft Goals) |
| <input type="checkbox"/> 9-10 YR. BOYS | <input type="checkbox"/> 9-10 YR GIRLS |
| <input type="checkbox"/> 11-12 YR. BOYS | <input type="checkbox"/> 11-12 YR. GIRLS |
| <input type="checkbox"/> 13-14 YR. BOYS | <input type="checkbox"/> 13-14 YR. GIRLS |
| <input type="checkbox"/> 15-16 YR. BOYS | <input type="checkbox"/> 15-16 YR. GIRLS |
| <input type="checkbox"/> 17-18 YR. BOYS | <input type="checkbox"/> 17-18 YR. GIRLS |

**Mail registration form with FULL team payment of \$60.00 to RABC (Royal Athletic Booster Club)
P.O. Box 952, Greenfield, IN 46140, or bring to registration on March 20th.**

Registration fee increases after March 15th to \$70.00.

MUST HAVE AT LEAST 3 PLAYERS AND NOT MORE THAN 4 PLAYERS.

EVERY PARTICIPANT, AND THEIR PARENT OR GUARDIAN IF PLAYER IS UNDER AGE 18, MUST READ THIS WAVIER FORM AND SIGN IN APPROPRIATE SPACE. SIGNATURES ON THE REGISTRATION FORM SIGNIFY EACH PERSON HAS READ, UNDERSTANDS, AND ABIDES BY THIS INFORMATION.

By signing, I am granting permission to play in the 3 on 3 Basketball Tournament sponsored by the Royal Athletic Booster Club (RABC) at Eastern Hancock School Corporation. I understand that there are risks associated with my participation in this tournament and its related events. I release and discharge Eastern Hancock School District & The Royal Athletic Booster Club Members from all action, suits and demands whatsoever in law or in equity including but not limited to the risk of injury from playing in the events and the risk of loss of personal property by theft or otherwise.

As a participant, I agree to play by the rules of the tournament, and I understand that officials reserve the right to eject players from the game and/or school property due to rowdiness or disrespectfulness without refund of fees paid.

Questions: please contact Deb Kramer @ ehcoachkramer@comcast.net

Registration for all PRE-Registered participants is from 8:00 a.m. to 9:00 a.m. in the High School Cafeteria. If you are registering the day of the tournament, registration is from 7:30 a.m. to 8:30 a.m. in the High School Cafeteria.

BIRTH CERTIFICATES WILL BE REQUIRED TO SHOW PROOF OF AGE. NO

EXCEPTIONS!!! You will NOT be allowed to play without it.

NO COOLERS ALLOWED: CONCESSIONS WILL BE AVAILABLE

Only guaranteed a shirt if you pre-register

RABC USE ONLY

BIRTH CERTIFICATE _____ PAYMENT RECEIVED _____

Player Information

SHIRT SIZE: (CIRCLE ONE) YTH: S, M, L ADLT: S, M, L, X-L, XXL, XXXL

NAME _____

ADDRESS _____

HOME PHONE# _____ E-MAIL _____

EMERGENCY PHONE # _____

DATE OF BIRTH _____

SCHOOL ATTENDING _____

IF UNDER 18, PARENT/GUARDIAN SIGNATURE _____ PARTICIPANT
SIGNATURE _____

SHIRT SIZE: (CIRCLE ONE) YTH: S, M, L ADLT: S, M, L, X-L, XXL, XXXL

NAME _____

ADDRESS _____

HOME PHONE# _____ E-MAIL _____

EMERGENCY PHONE # _____

DATE OF BIRTH _____

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