



# 2019 Youth/HS 3-on-3 Basketball Tournament

**Friday, July 5, 2019**

**Location: Cicero Community Park**

**Registration & Check-In/8:00 AM - 8:30 AM**

**Start Time/10:00 AM**

**REGISTRATION FEE: \$10 PER PERSON**

**All proceeds benefit Hamilton Heights Youth Basketball**



- All entrants **MUST** complete a Waiver/Consent Form signed by a parent or guardian.
  - Maximum of four (4) players per team.
- If a team is mixed grade levels, you **MUST** play in the bracket of oldest player's grade level.
  - All youth will receive a prize and/or medal.
- Number of divisions depends on amount of registered teams. Min. of three (3) divisions (ES, MS and HS)

Coach Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Player #1 (Captain): \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

Player #2: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

Player #3: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

Player #4: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please make checks payable to: Lights Over Morse Lake (LOML)**

**Mail check, entry form and consent/waiver form to: LOML, PO Box 854, Cicero, IN 46034**

**Any questions, please contact Jackie Hayden at [jbhayden@gmail.com](mailto:jbhayden@gmail.com) or 317-446-1352**



# 2019 Youth/HS 3-on-3

## Basketball Tournament

### Waiver/Consent Form



I understand that by signing this waiver/consent form, I acknowledge that my child is in good health and I assume the risks inherent in the 3-on-3 Basketball Tournament and hereby relieve

Lights Over Morse Lake, the Hamilton Heights Youth Basketball Program, and any event sponsors of any and all liability.

Player Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL PLAYERS & PARENT/GUARDIAN FOR EACH PLAYER MUST SIGN THIS WAIVER/CONSENT FORM. PLEASE RETURN WITH THE REGISTRATION FORM.**