



# 3 on 3

## Summer Tournaments

### Team Registration Form

Team Name _____	Male _____	Female _____
Player #1 Name: _____ Grade: _____ Age: _____		
Address: _____		
City: _____ State: _____ Zip: _____		
Home Phone: _____ E-mail: _____		
Emergency Contact Name: _____ Phone: _____		
Player Signature (parent/guardian if under 18) _____		Date: _____
Player #2 Name: _____ Grade: _____ Age: _____		
Address: _____		
City: _____ State: _____ Zip: _____		
Home Phone: _____ E-mail: _____		
Emergency Contact Name: _____ Phone: _____		
Player Signature (parent/guardian if under 18) _____		Date: _____
Player #3 Name: _____ Grade: _____ Age: _____		
Address: _____		
City: _____ State: _____ Zip: _____		
Home Phone: _____ E-mail: _____		
Emergency Contact Name: _____ Phone: _____		
Player Signature (parent/guardian if under 18) _____		Date: _____
Player #4 Name: _____ Grade: _____ Age: _____		
Address: _____		
City: _____ State: _____ Zip: _____		
Home Phone: _____ E-mail: _____		
Emergency Contact Name: _____ Phone: _____		
Player Signature (parent/guardian if under 18) _____		Date: _____

**Fee: \$75 per Team**

Payment is due with registration form and is non-refundable.  
Cash, checks, or credit cards accepted. Make check payable to: Sportsplex

**Player Permission to Participate/Consent for Medical Treatment**

**Every player, or their parent/guardian, must read this waiver.** By signing my name above, I agree that I will abide by all the rules of the Sportsplex 3 on 3 Tournament, and of all personnel in charge. I recognize the possibility of physical injury associated with this activity, and hereby release, discharge and otherwise indemnify the Sportsplex at Valley View, it's employees and associated personnel.

**For office use only:**

Date received: _____	
Type of payment:	
Cash _____	
Check _____ # _____	
CC _____ # _____	

