



3 on 3 Basketball Registration

Registration forms must be received before 5pm, May 28, 2009

You can also obtain a registration at www.valleychristian.org

\$100.00 Registration Fee

(\$85.00 if you register by May 15th, 2009)

Payment Method: Check or Money Order payable to Valley Christian School PTF

(Please mail to: McCormack, 2610 Schilling St., Missoula, MT 59801)

How did you learn about VCS 3 on 3? Friend Radio TV Posters Other

Team Information

Team Name: _____

_____ 6' + under

Player 1 (Team Captain) Contact Person

Name _____ Grade/Age _____

Address _____

City/State/Zip _____

Phone _____ Adult T-Shirt Size (circle one): SM MED LG XL XXL

I have read and understand the waiver printed on the reverse side of this form. By signing this form, I verify that I have read and understand the application procedures and agree that this information is correct.

x _____
Player 1 Signature Parent Signature Date

Player 2

Name _____ Grade/Age _____

Address _____

City/State/Zip _____

Phone _____ Adult T-Shirt Size (circle one): SM MED LG XL XXL

I have read and understand the waiver printed on the reverse side of this form. By signing this form, I verify that I have read and understand the application procedures and agree that this information is correct.

x _____
Player 2 Signature Parent Signature Date

Player 3

Name _____ Grade/Age _____

Address _____

City/State/Zip _____

Phone _____ Adult T-Shirt Size (circle one): SM MED LG XL XXL

I have read and understand the waiver printed on the reverse side of this form. By signing this form, I verify that I have read and understand the application procedures and agree that this information is correct.

x _____
Player 3 Signature Parent Signature Date

Player 4

Name _____ Grade/Age _____

Address _____

City/State/Zip _____

Phone _____ Adult T-Shirt Size (circle one): SM MED LG XL XXL

I have read and understand the waiver printed on the reverse side of this form. By signing this form, I verify that I have read and understand the application procedures and agree that this information is correct.

x _____
Player 4 Signature Parent Signature Date

Waiver: *Every participant must read this Waiver Form. Each participant signing the registration form signifies that they have read, understand and will abide by the information in this Waiver.*

I understand that there are risks connected with my participation in the tournament and its related activities. I release, waive, discharge and covenant not to sue Valley Christian School, event sponsors, event charities and their workers, employees and directors from all action, suits and demands whatsoever in law or in equity from demand, losses of damages on account of injury including death caused in whole or in part by the negligence of the released or otherwise. The event organizers are not responsible for determining each player's eligibility. *(Before registering, contact your coach or athletic director and ask how your eligibility would be affected by registering for this tournament.)* Further, I hereby grant full permission for event organizers to record any or all of my participation in this event for photos, TV radio and/or any other media known or unknown, and to use them in any manner for publicity, promotions, advertising, or commercial purposes, without any reimbursement of any kind to me or the need to pay any fee. I understand that any false information submitted on this form will result in the forfeit of all monies and the disqualification of the entire team. 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.