

FIAT

3V3 BASKETBALL

TOURNAMENT



SUNDAY, MARCH 21ST

HILKERT HALL - 6-8PM

Registration

The deadline for returning this form is 5pm on Thursday, March 18th in the Church Rectory. Team Registration and Medical Forms must be turned in to participate in the tournament. Anyone who fails to turn in a form will not be permitted to participate in the tournament.

Teams

Each team may have 3 or 4 players. Three players will be on the court at a time, with one player on the bench as a substitute.

Rules

Anyone is welcome-- you don't have to belong to St. Ambrose to participate. Every participant must turn in a permission form and medical release. The tournament is single elimination, and a prize will be awarded to the winning team.

My Team Name is: _____

Our Captain is: _____ Phone: _____

I hereby grant that my child, _____ has my permission to participate in the FIAT 3v3 Basketball Tournament at St. Ambrose Church on March 21st.

In consideration of my child being allowed to participate in the tournament, on behalf of my child, my spouse, and myself I hereby assume all risks in connection with the tournament and I further release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, St. Ambrose Parish, employees and volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in the tournament including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child. I fully understand what is involved in this activity and I understand that I have the opportunity to call the Youth Minister and ask him about the activity.

Parent/Guardian signature if under 18

Date