

**2017 MONTCO MARCH MADNESS
BASKETBALL TOURNAMENT**

**A Fundraiser for Jack and Jill Charities
Teen Boys, Girls, and Adults**

Saturday, March 4, 2017

6:30pm – 10:00pm

**Greater Plymouth Community Center
2910 Jolly Road, Plymouth Meeting, PA**

\$15 Per Player in advance; \$5 more at door

\$10 Per Spectator in advance

**Payment, Signed WAIVER & Sign up sheet due
February 27, 2017**

- Please email completed form and signed waiver to Tyson Hugee (tysonhugee30@gmail.com)
- You can pay by PayPal at: <http://jackandjillmontco.org/march-madness/> **Please be sure to indicate in the note section the names of any players or spectators you are paying for.**

**Prizes to the winning teams
Free Throw Contest
Music, fun and much more!**

BASKETBALL REGISTRATION

Player _____

Spectator _____

Name _____

D.O.B _____ Grade _____ Age _____ Sex _____

Height _____ Years of Basketball Experience _____ School _____

Shirt Size (Please Circle) Adult - S M L XL

Address _____

Email _____ Phone # _____

Parent's Name _____ Parent's Phone # _____

Emergency Contact _____ Emergency Phone # _____

WARNING, LIABILITY, RELEASE AND ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS FOR PLAYERS

I UNDERSTAND THAT PARTICIPATION IN THIS RECREATIONAL PROGRAM INVOLVES THE RISK OF INJURY. THESE RISKS INCLUDE COLLISION WITH OTHER PLAYERS, BEING HIT BY THE BALL, FALLING TO THE GROUND OR INTO BLEACHERS, SCRATCHES, BRUISES, ETC. I FURTHER UNDERSTAND THAT BEFORE PARTICIPATING IN THIS TOURNAMENT, I/MY CHILD SHOULD CONSULT A PHYSICIAN FOR ADVICE. BY SIGNING THIS FORM, I ACKNOWLEDGE ALL RISKS OF INJURY AND DEATH AND AFFIRM I AM WILLING TO ASSUME THE RESPONSIBILITY SHOULD INJURY OF DEATH RESULT FROM THEM. I AGREE FOR MYSELF/MY CHILD, AND FOR MY HEIRS, ASSIGNS, EXECUTORS AND ADMINISTRATORS, TO WAIVE ANY LEGAL RIGHTS THAT I MAY HAVE TO SEEK PAYMENT OF ANY KIND FROM JACK AND JILL OF AMERICA, ITS MEMBERS, OR ITS AGENTS FOR BODILY HARM OR DEATH RESULTING FROM THIS TOURNAMENT, AND TO RELEASE THOSE PARTIES FROM ANY LIABILITY FOR DAMAGES RESULTING FROM MY/MYCHILD'S INJURIES OR DEATH. I UNDERSTAND THAT NO INSURANCE IS PROVIDED BY JACK AND JILL OF AMERICA, NOR ITS COMPONENTS OR AGENTS. I GIVE MY PERMISSION FOR MY/MY CHILD'S PHOTOGRAPH TO BE TAKEN AND USED FOR ANY TYPE OF PUBLICATIONS FOR LOCAL OR NATIONAL NEWSPAPERS OR JOURNALS.

Signature/Parent Signature _____ Date _____