

Team Division (circle one): Girls 3rd/4th Girls 5th/6th Girls 7th/8th Paid: _____
Boys 3rd/4th Boys 5th/6th Boys 7th/8th

TEAM NAME _____

Player Name: _____

Parents Name: _____

Phone #: _____ Email: _____

Player Name: _____

Parents Name: _____

Phone #: _____ Email: _____

Player Name: _____

Parents Name: _____

Phone #: _____ Email: _____

Player Name: _____

Parents Name: _____

Phone #: _____ Email: _____

PLEASE RETURN TO SARAH: email- SMaranville1@aol.com Fax-719-541-2443 or drop it by Simla School.

Second Annual 3 on 3 Basketball Tournament

Waiver to Release Big Sandy School From Liability

I, _____ release Big Sandy School from any and all liability while I participate at the school activity. I understand that when I come into the school individually or within a group that if any injury or health problem occurs that I will not hold the school responsible. Further, I understand that there may be ice/snow on the sidewalks during the winter or hoses and equipment for maintenance or athletics/P.E. out throughout the summer or school year.

Signature Date

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