

## 7-on-7 Football Tournament

Sponsored by SENATOR JACK MARTINS

## SATURDAY JULY 14, 2012 Dutch Broadway School

Dutch Broadway School Assemblyman Tom Alfano Basketball Courts 1880 Dutch Broadway Elmont, New York 11003



<b>Tournament Team Name:</b>			(please print)
Division: (check one):	□ High School	□ College	
PLAYER 1 - Captain			
Name:		Age:	
Address:			
City:	_ State:	Zip:	
Phone:	E-Mail:		
-			derstanding of Release/Waiver *):
Signature:			Date:
E-Mail:	Phone	e Number:	
PLAYER 2			
Name:		Age:	
Address:		Grade:	
City:Phone:	_ State:	Zip:	
Phone:	E-Mail:		
			derstanding of Release/Waiver *):
Name:			
Signature:			Date:
E-Mail:	Phone	e Number:	
PLAYER 3			
Name:		Age:	
Address:			
GILY	_ State:	Zip:	
City:Phone:	_ state: E-Mail:	Zip:	
Phone:	E-Mail:		
Phone:	E-Mail: nature Required (	permission and un	derstanding of Release/Waiver*):
Phone:	E-Mail: nature Required (	permission and un	derstanding of Release/Waiver*):
Phone:	E-Mail: nature Required (	permission and un	derstanding of Release/Waiver*):
Phone:	E-Mail: nature Required (	permission and un	derstanding of Release/Waiver*): Date:
Phone:Parent/Guardian Sign Name: Signature: E-Mail: Player 4	E-Mail:(ature Required (	permission and un	derstanding of Release/Waiver*):Date:
Phone:	E-Mail: nature Required ( Phone	permission and un  Number:	derstanding of Release/Waiver*):Date:
Phone:Parent/Guardian Sign Name: Signature: E-Mail: Player 4	E-Mail:	permission and un	derstanding of Release/Waiver*): Date:

	Name:			
	Signature:			Date:
	E-Mail:		Phone Number:	
Player 5				
Name:			Age:	
Address:			Grade:	
City:		State:	Zip:	
Phone:		E-Mail:_	<u>-</u>	
<u>Pa</u>	rent/Guardian Sig	<u>nature Req</u> i	<mark>uired</mark> (permission and un	derstanding of Release/Waiver
	Signature:			Date:
	E-Mail:		Phone Number:	
Player 6				
Name:			Age:	
			Grade:	
City:		State:	Zip:	
<u>Pa</u>	rent/Guardian Sig	gnature Requ	uired (permission and un	derstanding of Release/Waiver
	Signature:			Date:
	E-Mail:		Phone Number:	
D1 =				
Plaver 7			Age:	
<b>Player 7</b> Name:				
Name:			Grade:	
Name: Address:			Grade: Zip:	
Name: Address: City:		State:	Zip:	
Name: Address: City: Phone:		State: E-Mail:_	Zip:	
Name: Address: City: Phone:	rent/Guardian Sig	State: E-Mail:_ gnature Requ	Zip:	derstanding of Release/Waiver
Name: Address: City: Phone:	r <mark>ent/Guardian Si</mark> g Name:	State: E-Mail:_ gnature Requ	Zip:Zip:	derstanding of Release/Waiver

\*Sportsmanship Pledge: I realize that I am responsible for my personal conduct and the conduct of my teammates throughout the duration of this tournament, both on and off the court. I vow to represent myself and my team in a sportsmanlike manner and to treat teammates, opponents, spectators, and volunteers with respect.

\*Release/Waiver: I acknowledge that my child will be participating in the 7-on-7 Football Tournament on Saturday, July 14, 2012. I understand that this activity may require physical conditioning and/or skill, and I certify that my child is physically capable of participating in this activity. I also understand that there may be risks associated with this activity and I agree to follow all applicable instructions, rules and regulations during the course of my child's participation. I agree to release the Elmont Union Free School District, Board of Education, Superintendent of Schools, Dutch Broadway School and all other tournament hosts, organizers, and volunteers from responsibility for any injuries that my child may sustain while engaged in this activity. I hereby grant full permission to use any photographs, videotapes, or recordings of my child's likeness from this event for any purpose without reimbursement of any kind.

Please return completed registration form to:

3-on-3 Basketball Tournament 567 Oakley Avenue Elmont, New York 11003 Or e-mail: scottcushing1@gmail.com