



3-on-3 Basketball Tournament

Sponsored by SENATOR JACK MARTINS



SATURDAY JULY 14, 2012

Tip-off at 10:30 am SHARP

Dutch Broadway School

Assemblyman Tom Alfano Basketball Courts

1880 Dutch Broadway

Elmont, New York 11003

SOCCER GAMES GOING ON, 7 on 7 Football Games at 5pm (New York vs Florida)

Day of registration deadline half hour before your division tip-off

Team Registration Form: Elmont, North Valley Stream, Franklin Square, Floral Park, Bellerose Terrace, Bellerose Village, South Floral Park, New Hyde Park, Garden City, Stewart Manor.

Tournament Team Name:_____ (please print)

	<u>BOYS</u>	<u>GIRLS</u>	<u>Tip-Off Time</u>
Division:	<input type="checkbox"/> 5 th & 6 th Grade Boys	<input type="checkbox"/> 5 th & 6 th Grade Girls	10:30 am
(check one)	<input type="checkbox"/> 7 th & 8 th Grade Boys	<input type="checkbox"/> 7 th & 8 th Grade Girls	12:30 pm
	<input type="checkbox"/> 9 th & 10 th Grade Boys	<input type="checkbox"/> 9 th & 10 th Grade Girls	2:30 pm
	<input type="checkbox"/> 11 th & 12 th Grade Boys	<input type="checkbox"/> 11 th & 12 th Grade Girls	4:30 pm
	<input type="checkbox"/> College Level	<input type="checkbox"/> College Level	5:30 pm

PLAYER 1 – Captain

Name:_____ Age: _____

Address:_____ Grade:_____

City:_____ State:_____ Zip: _____

Phone: _____ E-Mail:_____

Parent/Guardian Signature Required (Permission and understanding of Release/Waiver*):

Name:_____

Signature:_____ Date:_____

E-Mail: _____ Phone Number: _____

PLAYER 2

Name:_____ Age: _____

Address:_____ Grade: _____

City:_____ State:_____ Zip: _____

Phone: _____ E-Mail:_____

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Parent/Guardian Signature Required (permission and understanding of Release/Waiver *):

Name: _____

Signature: _____ Date: _____

E-Mail: _____ Phone Number: _____

PLAYER 3

Name: _____ Age: _____

Address: _____ Grade: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Parent/Guardian Signature Required (permission and understanding of Release/Waiver*):

Name: _____

Signature: _____ Date: _____

E-Mail: _____ Phone Number: _____

Player 4 (optional)

Name: _____ Age: _____

Address: _____ Grade: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Parent/Guardian Signature Required (permission and understanding of Release/Waiver *):

Name: _____

Signature: _____ Date: _____

E-Mail: _____ Phone Number: _____

***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 3-on-3 Basketball 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