



7-on-7 Football Tournament

Sponsored by SENATOR JACK MARTINS



SATURDAY, JULY 13, 2013
 Dutch Broadway School
 Assemblyman Tom Alfano Basketball Courts
 1880 Dutch Broadway
 Elmont, New York 11003
 Rain Date: July 14, 2013
 At the Annual 3-on-3 Tournament

Tournament Team Name: _____ (please print)

Division: (check one): **High School** **College**

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: _____

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

Name: _____ Age: _____
 Address: _____ Grade: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-Mail: _____

Player 4 Parent/Guardian Signature Continued on Back....

Player 4 Parent/Guardian Signature Required (permission and understanding of Release/Waiver*):

Name: _____
Signature: _____ Date: _____
E-Mail: _____ Phone Number: _____

PLAYER 5

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 6

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 7

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 field. 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 13, 2013 and Sunday, July 14, 2013. 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**