



**Basketball Tournament**  
**Friday June 16<sup>th</sup> – 5PM**  
**AND**  
**Saturday June 17<sup>th</sup> – 9AM**  
**Round Robin Playoffs**  
**Final and Consolation Final**

**TEAM'S NAME:** \_\_\_\_\_

**AGE DIVISION ENTERING - \$5 per person**

**Boys:**  Grade 4-6  Grade 7&8  Grade 9&10  Grade 11&12

**Girls:**  Grade 4-6  Grade 7&8  Grade 9&10  Grade 11&12

**PLAYER ONE (CAPTAIN) Please print clearly. Please read waiver below before signing**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_

**(please print clearly. this is how we will communicate with you)**

Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**PLAYER TWO Please print clearly. Please read waiver below before signing**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_

**(please print clearly. this is how we will communicate with you)**

Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**PLAYER THREE Please print clearly. Please read waiver below before signing**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_

**(please print clearly. this is how we will communicate with you)**

Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**PLAYER FOUR Please print clearly. Please read waiver below before signing**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_

**(please print clearly. this is how we will communicate with you)**

Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**PLAYER FIVE Please print clearly. Please read waiver below before signing**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_

**(please print clearly. this is how we will communicate with you)**

Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**REGISTRATION & PAYMENT PAYMENT BY: CASH (\$5 per person)**

Payment must accompany registration form - participation will not be confirmed until payment has been received.

**REGISTRATION DEADLINE: JUNE 9, 2017**

**QUESTIONS? Call or email:**

Dewayne Penner at 204.326.3537 ext.246 or

hoopz@summerinthecity.ca

WAIVER, RELEASE AND INDEMNIFICATION: Every player, and his/her parent or guardian (if the player is under 18) must read, execute and deliver this Waiver to tournament organizers prior to the commencement of the tournament. In consideration of the right and opportunity to participate in the SPIKE in the City Beach Volleyball Tournament conducted by Summer in the City (SitC) and its licensed affiliated, the undersigned hereby acknowledges and agrees as follows: I (who am the participant's parent or legal guardian if the participant is under 18 years old) hereby consent to having pictures taken of the participant and agree to having them potentially posted on the Summer in the City website or printed in the SitC newsletter for future promotion of the event. In addition, I (who am the participant's parent or legal guardian if the participant is under 18 years old) hereby forever generally and completely release and discharge and shall identify and hold harmless SitC and its directors & officers each other party affiliated with SitC (collectively, "Event Organizers") against and from any and all claims and demands of every kind and nature whatsoever, for damages or injuries, actual or consequential, past, present or future, arising out of or in any way related to the SPIKE in the City Beach Volleyball Tournament, including, but not limited to and claims of injury from participating in OR observing the tournament, the loss of personal property by theft or otherwise during the tournament, any publicly relating to the tournament or any prizes awarded. The undersigned acknowledges that of its own free will he/she has chosen to participate in the tournament and related activities. This general release shall further apply to all unknown, unanticipated, unsuspected, and undisclosed claims, demands, liabilities, actions or causes of actions, in law, equity or otherwise. This Waiver shall bind the heirs, personal representatives, and successors of the undersigned, and inure to the benefit to the event organizers. I HAVE READ AND UNDERSTAND THE TERMS OF THE ABOVE AGREEMENT, WILL COMPLY WITH THE TERMS HEREOF AND ACKNOWLEDGE THAT BY SIGNING THIS FORM I AM GIVING UP LEGAL RIGHTS.

**Register by dropping off at:**

Summit Organizational Development

Unit 1-385

Loewen Blvd.

Steinbach, MB R5G 0B3