Tournament Date: March 15, 16, & 17, 2013
Place: Churchill County High School Gym
1222 South Taylor Street, Fallon
Information: (775) 423-7733 Fax: (775) 423-7734

Churchill County Parks and Recreation / Co-Ed Youth

9th Annual Fallon Shootout Basketball Tournament

Team Name:_____

Coach:_____

Circle Grade Division:

1 – 3 4 – 6 7 – 8

Coach t-shirt size: (Circle one) M L XL 2X 3X
Mailing Address:_____

Email address:_____@ _____

Day Phone_____**Evening Phone**_____**Fax**_____

Early Bird Special! Guaranteed tourney tee shirt–if entry fees paid & roster turned in by Feb. 22, 2013!
**** * Final Registration / Entry Fee Deadline: March 1, 2013* * No refunds***

Player's Name *(10 max. per team)*	**Jersey No.**	**Grade**	**T-shirt Size** (Adult Sizes)	**Waiver on file?**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Release of liability waiver required – BEFORE playing first game. No exceptions!
Important reminder: Bring proof of grade (i.e. report card), incase of a challenge.

Mail roster, liability waivers, & payment to: Churchill County Parks and Recreation
325 Sheckler Road, Fallon, NV 89406

Churchill County
Parks & Recreation

325 Sheckler Road **Fallon, NV 89406** **(775) 423-7733** **(775) 423-7734 Fax**

HOLD HARMLESS AGREEMENT

In Consideration of My *Child's* (Age 17 and Under) Participation In The ***Basketball Program*** Being Offered by Churchill County

I, _____, do hereby give permission for my child, to participate in the
(Printed Name of Parent/Guardian)
Churchill County **Youth Basketball Program**. I agree to hold Churchill County and all those instructors, volunteers, employees, and assistants on the **Youth Basketball Program**, harmless and free of all liabilities or suits, claims, or demands of every kind or character arising out of and in connection with the program provided by Churchill County. I acknowledge that this program includes physical activities that may carry with it the potential of serious injury and/or minor injury. The risks include, but are not limited to, those caused by physical contact between participants, facilities, and environments. I further certify that my child has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

Photo Release. I also understand that due to the nature of this program I/my child may be included in photos or video that will be used for media information or advertising of future programs. I understand by signing this hold harmless agreement I authorize the use of any photos or video taken during this program.

☐ **Refuse** ☐ **Agree** _____ **Initials**

In case of an emergency, accident or serious illness, I request that I be contacted, if possible. If I cannot be reached within a very few minutes, I hereby authorize Churchill County and the **Youth Basketball Program** Representative to make whatever arrangements deemed necessary for medical assistance. I agree to pay for such medical care.

SPECIAL NOTE: Please have proof of your child's grade available incase of a challenge or protest.

Printed Name of Participant:	Age:	Grade:	Gender: M F	Shirt Size:
Mailing Address:	City:		Zip:	Home Phone:

_____ _____

Parent/Guardian's Signature Date Parent/Guardian's Day Phone

Parent/Guardian's email address (optional):

In case of an emergency, and Parent/Guardian can not be reached, please contact:

_____ _____

Name Home Phone Day Phone

Updated: 10/2008