

Forest Park Basketball Shootout

February 29th/March 1st and March 7th/8th

2020 FOREST PARK BASKETBALL CLUB TOURNAMENT REGISTRATION/RELEASE/ROSTER FORM

TEAM NAME _____ NAME OF HIGH SCHOOL CURRENT GRADE SCHOOLS FEED INTO: _____ GRADE _____

SIGNATURE OF SCHOOL OFFICIAL VERIFYING THE BELOW STUDENTS ATTEND THE ABOVE MENTIONED SCHOOL: _____

Title: _____ School: _____ Cell # _____ Home/Work # _____

This roster must be completed and returned to Forest Park Basketball Club, C/O Phil Winkler, P.O Box 241 Ferdinand, IN 47532 prior to any game being played. If this roster and parental release form is not completed and returned, no participation will be allowed and no return of entry fee will be given.

I/we hereby acknowledge, recognize and accept the inherent risk of bodily injury, disability, paralysis and/or death to my/our children / guardians that exist as a result of their participation in any athletic endeavor, and specifically, by their athletic participation in athletic endeavors offered or hosted by Forest Park Basketball Club Tournament, Southeast Dubois Schools Athletic Depts., or the Forest Park Basketball Club. As such, we do hereby agree to save, hold harmless and indemnify Forest Park Basketball Club Tournament or the Southeast Dubois Athletic Depts., the owners, agents, employees, officers, or volunteers and other individuals or entities operating on behalf of Forest Park Basketball Club Tournament for any claim or any bodily injury, disability, paralysis and/or death that we or our Children/guardian may sustain as a result of participation in the Forest Park Basketball Club Tournament athletic endeavor.

In the event that I/we or my/our child(ren)/guardian suffer come type of injury or illness which requires immediate medical treatment, I/we do hereby consent to and authorize the administration of such first aid and/or medical treatment to myself/ourselves and or my/our child(ren)/guardian by owners, agents, employees, officers or volunteers and other individuals or entities operating on behalf of Forest Park Basketball Club Tournament that are trained to administer such first aid and/or medical treatment. I/we do further consent to and authorize owners, agents, employees, officers, or volunteers and other individuals or entities operating on behalf of Forest Park Basketball Club Tournament to arrange for ambulance transportation for an appropriate medical facility for me/us and/or child(ren)/guardian.

I/we hereby certify that the below information regarding the grade school the player is currently attending and the above mentioned high school the grade schools feed into is accurate. We understand the Forest Park Basketball Club Tournament is a “School Tourney”, not an AAU all star tourney for players from different schools that feed into different high schools. I/we understand that grade and school confirmation must be available upon request by the tournament director. In the event it should be determined that the below information is not accurate I/we understand that our team and each individual will forfeit all feed paid to attend the Forest Park Basketball Tournament and be removed from the tourney, with no refunds. Furthermore, by signing below, I/we agree to abide by all rules as established by tournament officials to govern the tournament both on and off the court.

Players' Name	Birth date	Grade	Grade School Currently Enrolled In	Parents/Guardians Signature	Date

HEAD COACH _____ CELL PHONE # _____ HOME PHONE # _____ EMAIL ADDRESS _____

RETURN TO: Forest Park Basketball Club Tournament, C/O Phil Winkler, P.O. Box 241 Ferdinand, IN 47532