

Wetmore Booster Club 3 on 3 Basketball Tournament Release Form

March 31, 2018

Team Name: _____

Coach Name: _____

Phone: _____ Cell: _____ Email: _____

Address: _____ City: _____

Please Read:

I/We hereby understand that basketball is a contact sport. If circumstances arise where medical attention is required, I/we will not hold the Cardinal Booster Club, officials, or any member associated with the Cardinal Booster Club and/or USD 113 liable or responsible.

PLEASE HAVE A PARENT/GUARDIAN SIGN AND RETURN THIS FORM. COST IS \$40/TEAM, PAYABLE TO CARDINAL BOOSTER CLUB. RELEASE FORM MUST BE SIGNED PRIOR TO PLAYING.

Player 1: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Player 2: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Player 3: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Player 4: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

***** Signatures required for all players before allowed to play *****