2016 Wellness Warriors

3-on-3 Basketball Tournament

Tournament Team Registration & Waiver Form

Ways to register!

Print out and mail this completed form & money to:

Wellness Warriors

3-on-3

996 Avenue of the Nations

Rock Hill, SC 29730

Or drop off at the address or come to Longhouse and pick one up

Registration ends Monday, June 6th @ Midnight

TEAM Name: _____

*Event reserves the right to reject any team name deemed inappropriate

Team consists of (check one): _____ All Male _____ All Female _____Co-Ed

Sportsmanship Pledge

By completing this form, all players accept responsibility for their conduct at the *Wellness Warriors* 3on3 Basketball Tournament and acknowledged the tournament rules. The event reserves the right to disqualify and eject any individuals and/or teams that behave in an unsportsmanlike manner.

ALL PLAYERS or PARENT/GUARDIAN FOR EACH PLAYER MUST SIGN THIS WAIVER and ACKNOWLEDGMENT

I understand that by signing this document, I acknowledge and assume the risks inherent in the 3 on 3 basketball tournament, and herby relieve the Catawba Indian Nation, *Wellness Warriors* and ISWA Development Corporation of any and all liability. I also have read and understood the tournament rules. Wellness Warriors reserves the right to make adjustments to rules before tournament starts.

****TEAM ROSTER** (players must be 13 years of age and older)**

TEAM CAPTAIN (must be Catawba Tribal Member) Will need copy of tribal identification

Name (First & Last Name): _____ Age: _____

Height: _____ Gender: ___Male ___ Female

Address (street, city, state & zip): _____

_____

Phone No. _____ Email: _____

How often do you play Basketball? ___ Rarely ___ Frequently ___ Regularly

Player or parent guardian signature (if under 18 yrs)& date: _____

PLAYER 2

Name (First & Last Name): _____ Age: _____

Height: _____ Gender: ___Male ___ Female

Address (street, city, state & zip): _____

_____

Phone No. _____ Email: _____

How often do you play Basketball? ___ Rarely ___ Frequently ___ Regularly

Player or parent guardian signature (if under 18 yrs)& date: _____

PLAYER 3

Name (First & Last Name): _____ Age: _____

Height: _____ Gender: ___Male ___ Female

Address (street, city, state & zip): _____

_____

Phone No. _____ Email: _____

How often do you play Basketball? ___ Rarely ___ Frequently ___ Regularly

Player or parent guardian signature (if under 18 yrs)& date:_____

PLAYER 4

Name (First & Last Name): _____ Age: _____

Height: _____ Gender: ___Male ___ Female

Address (street, city, state & zip): _____

_____

Phone No. _____ Email: _____

How often do you play Basketball? ___ Rarely ___ Frequently ___ Regularly

Player or parent guardian signature (if under 18 yrs)& date:_____

REGISTRATION FEES/PAYMENTS

Team fee: **$15 per team** due by June 8th no later than 5:00pm (EST)

_____Cash or _____Check

Please make checks payable to: Wellness Warriors

Registration ends Monday, June 6th @ midnight

Contact information

Tolani Franks (803) 280-2545 or tolani.franks@catawbaindian.net

Or

Kristie Ratterree (803) 415-0325 or

kristie.ratterree@catawbaindian.net