



Annual

Indigenous Youth Hoops Tournament

3-on-3 basketball tournament | June 23, 2018

Indigenous Youth | **Registration deadline: June 9, 2018**

Division 1: ages 12-16

Division 2: ages 17-30

Registration Form

To submit completed forms or to volunteer: Contact Teigan Smith, Indigenous Active Life Coordinator
teigan.smith@calgary.ymca.ca

Terms and Conditions of Registration. Every player must read and agree to the following:

- I am aware that as a participant registered for the Youth Hoops tournament, I assume all the risks in regard to the activities in the program/event and agree that YMCA Calgary, including its employees, and program participants, are not liable for any injuries or property damage resulting from participation in the program/event.
- I agree to grant permission in the case of accident or illness, that emergency care be given, including emergency transportation (if necessary in the staff's judgement) at my own expense.
- I give my permission for YMCA Calgary to use any photographs, video taped footage, or audio recordings of myself that were taken at the tournament. I understand that it could be used on YMCA Calgary promotional and/or educational use.

Team Information

Please note: One player must be of the opposite sex.

***If you can not find a player of opposite sex, your fourth player must be minimum age of category (I.E 17) and will play the same amount of time as if it was a player of opposite sex*

TEAM NAME: _____

PLAYER 1 | TEAM CAPTAIN

name _____ sex _____ date of birth (Y/M/D) _____

email _____ phone _____

address _____ city _____ province _____ postal code _____

emergency contact name _____ phone _____ relationship _____

Do you have any medical concerns that we should know about? _____

I have read and agree to the Terms and Conditions: _____
Signature

Please see reverse -->

PLAYER 2

name sex date of birth (Y/M/D)

email phone

address city province postal code

emergency contact name phone relationship

Do you have any medical concerns that we should know about?

I have read and agree to the Terms and Conditions: _____
Signature

PLAYER 3

name sex date of birth (Y/M/D)

email phone

address city province postal code

emergency contact name phone relationship

Do you have any medical concerns that we should know about?

I have read and agree to the Terms and Conditions: _____
Signature

PLAYER 4 sub only

name sex date of birth (Y/M/D)

email phone

address city province postal code

emergency contact name phone relationship

Do you have any medical concerns that we should know about?

I have read and agree to the Terms and Conditions: _____
Signature

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