

Sullivan Shootout

Boys Basketball Tournament 2018 Registration/Release/Roster Form

Team Name _____ Name of High School Grade School Feeds Into _____ Grade ____

This roster must be completed and returned to Sullivan Shootout prior to any game being played. If this roster and parental release form is not completed and returned, no participation will be allowed.

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 the "Sullivan Shootout", Sullivan School Athletic Dept. or the Golden Arrow Youth Basketball Association, Inc., their owners, agents, employees, officers or volunteers and other individuals or entities operating on behalf of the "Sullivan Shootout" 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 "Sullivan Shootout" athletic endeavor.

In the event that I/we or my/our children/guardian suffer some 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 children/guardian by owners, agents, employees, officers or volunteers and other individuals or entities operating on behalf of the " Sullivan Shootout" to arrange for ambulance transportation for an appropriate medical facility for me/us and/or children/guardian.

I/we hereby certify that the below information regarding the grade school the player is currently attending and the above mentions high school the grade schools feed into is accurate. We understand the " Sullivan Shootout" is a "School Tourney"; not an AAU all-star tourney for players from different school 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 fees paid to attend the "Sullivan Shootout" 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	Number	Grade	Grade School Presently Enrolled In	Parent/Guardian Signature

Head Coach _____ Cell Phone # _____ Home Phone # _____ Email _____

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

Title: _____ Contact Phone # _____

Return To: Jay Hobbs 2736 W CR 25 N, Sullivan, IN 47882.