

March Madness

3 vs 3 Basketball Tournament Sign-up Form

Saturday, March 9, 2019
Ages: 4th-8th grade / Boys & Girls
(teams can be co-ed)

Location:
Mitchell Middle School
2100 Zinfandel Dr.
Rancho Cordova 95670

First Name: _____ Last Name: _____

School: _____ Grade: _____

Male / Female (circle one) T-Shirt Size (circle one) Youth S, M, L // Adult S, M, L

Parent or Guardian Name: _____ Phone: _____

7th & 8th Grade Only. Please check one:
 Recreational **Competitive**

Recreational = beginning/non-competitive player

Competitive = advanced/highly skilled player

EACH PLAYER MUST COMPLETE A REGISTRATION FORM. ONLY ONE PLAYER PER SIGN UP SHEET.

Please find your team players and check in to registration TOGETHER.

Registration will be from 8:00 AM - 8:45 AM. **REGISTRATION CLOSSES AT 8:45 SHARP!!**

PARENT RESPONSIBILITY WAIVER

By signing below, I acknowledge:

I understand that there are elements of risks to participate and injuries can occur. I also acknowledge and understand that although Rancho Cordova PAL staff and volunteers may be present those persons are not always able to prevent the possible injuries from risks that have been described above. I understand event photographs will be taken by PAL staff and may be used on PAL's social media sites to promote/highlight the event.

Assumption of Risk and Responsibility

In recognition of the inherent risk of the activity which I and any minor children for which I am responsible, will engage in, I confirm that my child is physically and mentally capable of participating in this activity and using the equipment. My child is participating willingly and voluntarily. I assume full responsibility for personal injury, accidents and/or illness, including, but not limited to, sprains, torn muscles, wounds, scrapes, abrasions. I assume all responsibility for damage to or loss of my/our personal property as a result of any accident that may occur.

MEDICAL RELEASE: AUTHORIZATION CONSENTING TO TREATMENT OF MINOR

I/We, the undersigned, parent(s) or legal guardians of _____, a minor, do hereby authorize the staff of the Rancho Cordova Police Activities League, or an authorized representative, as agent(s) for the undersigned, to consent to medical treatment in the case that my child is injured participating in this event.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of our above named agent(s) to give specific consent to any and all such examinations, diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may seem advisable.

Parent / Guardian Signature: _____ **Date:** _____

Print Name: _____

PRE-REGISTRATION REQUIRED.

Call PAL Office for more
information: (916) 875-9627
or (916) 875-6934



Return completed application to:

..Your School Office

..Email: rcpdpal@ranchocordovapd.com

..Drop off at RCPD: 2897 Kilgore Rd

ON OR BEFORE MARCH 5th