

Canton-Inwood Area Health Foundation Annual Shootout 3rd- 6th Grade Boys Basketball Tournament SATURDAY, March 10th, 2018

OFFICIAL REGISTRATION

Team:						
Coach:						
Address:						
City:						
State:	Zip:					
Phone:						
Email:						
Grade: (check one)	3 rd	_ 4 th	_5 th	6th		

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Competitive or Rec team: (check on	ie) _		Com	petiti	ve (A)	Rec (B)	(Divisions will be separated if possible)
Team Self-Evaluation (be honest):		1	_2	3	4	_5 (1 being lowes	st, 5 being best)

REGISTRATION FEE: \$130

If weather causes cancellation, all but \$15 of the entry fee will be returned.

Tournament rules available at: <u>www.cantoninwoodfoundation.org</u>

REGISTER BY MAIL: Please Mail Registration Form and Payment to: Canton-Inwood Area Health Foundation c/o Melissa Schutte PO Box 292 Canton, SD 57013

REGISTRATION DEADLINE: February 23, 2018

You may check with Tournament Director Melissa Schutte to see if there are any openings after the deadline has passed. If accepted, team entry after February 23 is \$145.

3 game guarantee, paid officials, full concessions, trophies awarded to winning teams of each grade/division

 \checkmark Schedule will be emailed to you on or before March 5th. Multiple divisions in each grade depending on teams entered.

✓ Special requests will be considered at the tournament director's discretion.

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PLAYER LIST: (If possible, we would like to know who is on your team. Please fill out your player list below.

Players Name	Age	Grade	Uniform Number	Parent Signature*

*TEAM PERMISSION AND RELEASE: I give permission, on behalf of the players and their parents, for the players to play in the Canton-Inwood Area Health Foundation Basketball Tournament. I understand that the Canton School District, and the Canton-Inwood Area Health Foundation, its committee members, and volunteers have no responsibility, assumes none, and do not carry accident insurance for the benefit of players. By participating in the tournament, I as the registrar, all players, parent of players, and guardians of players, release the Canton School District, and the Canton-Inwood Area Health Foundation from all claims of any injuries and lost or stolen property which may occur while participating in this tournament. Furthermore, by submitting this roster and participating in the tournament, you understand that the Canton-Inwood Area Health Foundation may be using photo recording devices and grant the Foundation the right to use them in future marketing as they see fit without any remuneration."

Signature of Coach: _	
Date:	

<u>Registration Contact</u>: Melissa Schutte <u>/melissa.schutte@sanfordhealth.org/</u> (605) 764-1495 <u>Website: www.cantoninwoodfoundation.org</u>

Gate:	\$5 per adult
	\$3 per student ages 9 to 18
	8 and under are free