



**Canton-Inwood**  
Area Health Foundation

## Canton-Inwood Area Health Foundation Annual Shootout

### 3<sup>rd</sup> – 6<sup>th</sup> Grade Boys & Girls Basketball Tournament

SATURDAY - SUNDAY, March 21<sup>st</sup> and 22<sup>nd</sup>, 2015

**\*\*\* Teams will play on ONE DAY only! \*\*\***

#### **OFFICIAL REGISTRATION**

*(Please print clearly)*

Team: \_\_\_\_\_

Coach: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Team Gender: (circle one) Boys Girls

Grade: (circle one) 3rd - 4th - 5th - 6th

Competitive or Rec team: (circle one) Competitive (A) Rec (B) (Divisions will be separated if possible)

Team Self-Evaluation (be honest): 1 2 3 4 5 (1 being lowest, 5 being best)

**REGISTRATION FEE:** \$130 (\$145 after February 15<sup>th</sup>, 2015)

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

Tournament rules available at: [www.cantoninwoodfoundation.org](http://www.cantoninwoodfoundation.org)

**REGISTER BY MAIL:** *Please Mail Registration Form and Payment to:*

**Canton-Inwood Area Health Foundation**

**c/o Brendyn Richards**

PO Box 292

Canton, SD 57013

**REGISTRATION DEADLINE: March 1<sup>st</sup>, 2015**

You may check with Tournament Director Brendyn Richards to see if there are any openings after the deadline has passed. Please contact [brendyn.richards@cantoninwoodfoundation.org](mailto:brendyn.richards@cantoninwoodfoundation.org) or call 605-764-1400

3 game guarantee, Paid officials, full concessions, trophies awarded to winning teams of each grade/division, t-shirts available

✓ Schedule will be emailed to you one week prior to tournament. 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: \_\_\_\_\_

**Registration Contact:** Brendyn Richards / [brendyn.richards@cantoninwoodfoundation.org](mailto:brendyn.richards@cantoninwoodfoundation.org)

**Website:** [www.cantoninwoodfoundation.org](http://www.cantoninwoodfoundation.org)

**Gate:** \$4 per adult per day or \$7 for a weekend pass.  
 \$2 per student ages 9 to 18 or \$3 for a weekend pass.  
 8 and under are free.