



Canton-Inwood
Area Health Foundation

**Canton-Inwood Area Health Foundation 5th Annual Shootout
3rd– 8th Grade BOYS Basketball Tournament
Saturday, APRIL 6, 2019
Canton High School, 800 N Main, Canton, SD**

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

OFFICIAL REGISTRATION

Team: _____ Coach(es): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Email (Required*): _____

*Tournament schedule will be emailed to the address listed.

Grade: (check one) 3rd 4th 5th 6th 7th 8th

Competitive or Recreational team: (check one) Competitive (A) Rec (B)

Please note: If there are not enough teams registered in a grade/division, team may be placed up or down a grade/division. A division/grade may also be eliminated if there are not enough registrations. In the event of a division/grade elimination, a full refund will be made.

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

REGISTRATION FEE ENCLOSED:

\$135 (Received on or before March 20) \$150 (after March 20, if space is available)

Please make checks payable to Canton-Inwood Area Health Foundation

Tournament rules available at: www.cantoninwoodfoundation.org

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

Canton-Inwood Area Health Foundation

PO Box 292

Canton, SD 57013

REGISTRATION DEADLINE: *March 20, 2019* *(Late registrations accepted if space is available)*

REFUND POLICY:

- ✓ Team cancellations received prior to the March 20 deadline will receive a full refund minus a \$25 service fee.
- ✓ Team cancellations received after March 20, will not receive a refund.
- ✓ If the tournament is cancelled by the tournament organizer due to weather or other unforeseen circumstances, full refunds will be issued. Cancellation information will be posted at cantoninwoodfoundation.org and on the keloland closeline.

Canton-Inwood Area Health Foundation Annual Shootout

3rd– 8th Grade Boys Basketball Tournament SATURDAY, April 6, 2019

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: [Melissa Schutte /melissa.schutte@sanfordhealth.org/](mailto:melissa.schutte@sanfordhealth.org) (605) 764-1495
Website: www.cantoninwoodfoundation.org

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