



**Florida Eastern 2K18 3-on-3 Classic**

**Saturday, March 3, 2018**

**10:30am-1:30pm**

**Boys & Girls Clubs of St. Lucie County**

**3104 Avenue J; Fort Pierce, FL 34947**

**Team/Participant Application**

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

District (if applicable): \_\_\_\_\_

**Team Members' Names (5):**

\* \_\_\_\_\_ \*

\* \_\_\_\_\_ \*

\* \_\_\_\_\_

Name of Coach: \_\_\_\_\_

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

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

**Tournament Information:**

- \$100 Team Entry
- Prizes for: tournament winners; team who raises the most money; team who invites the most persons in the stands

Registration & Payment due by: **February 19, 2018**

**Send Payment & Registration Forms to:**

Florida Eastern- Basketball Tournament  
P.O. Box 101358; Ft. Lauderdale, FL 33310  
Make Checks Payable to: FEEJ

**Tournament Questions:**

Elder Eugene Herring  
561-275-4801  
Elder Larry Boyland, Jr.  
954-701-2385

### **Waiver & Participation Agreement:**

This form must be completed for each basketball player (participant) and, if the player is under 18-years old, must be signed by the player's parent or legal guardian. No player will be allowed to participate in the basketball tournament games without this form, properly executed, and on file.

PARTICIPANT'S NAME (type or print): \_\_\_\_\_

PARTICIPANT'S DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_

I, the undersigned, in consideration for my voluntary participation in organized basketball, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

Basketball is a physical, contact, sport that involves the risk of injury. I assume all risks and hazards associated with my participation in the sport. I am in proper physical condition to participate in basketball practices and games and have no illness, disease or existing injury or physical defect that would be aggravated by my participation. I will inform my coach if this status changes. I further acknowledge that this risk may involve loss or damage to me or my property, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I will wear properly fitted and appropriate shoes, and other protective equipment (e.g., mouth-pieces), as needed. The tournament does not have personal injury insurance that covers my participation. Under any condition, I am responsible for any and all medical expenses arising from my participation, both in practices and games and while traveling to and from these events. Participation assumes consent.

I authorize my photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising), television, video, or radio coverage of the tournament, without compensation. I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, the Florida Eastern Jurisdiction or any associated directors, administrators, officers, managers, employees, coaches, trainers, volunteers, referees, sponsors and advertisers, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my participation in, their basketball programs. This includes owners, lessors, and lessees of premises, municipalities, government agencies, successors, heirs, and assigns. I have completely read this document and fully understand its contents.

For those individuals eighteen (18) years of age and older:

\_\_\_\_\_  
Participant's Name (PRINT)                      Date

\_\_\_\_\_  
Participant's Signature

Signed For those individuals under the age of eighteen (18) years (minor):

As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

\_\_\_\_\_  
Parent or Guardian Name (PRINT)                      Date

\_\_\_\_\_  
Parent or Guardian Signature



**BOYS & GIRLS CLUB**  
**OF ST. LUCIE COUNTY**