

CP 3 on 3 – Co-Ed Tournament APPLICATION



3 on 3 Basketball Tournament @ College Place High School July 30th & 31st

TEAM NAME: _____

Tuesday – 5:00 p.m. Pool Play

Division:

- Incoming 9th – Adult
 - Co-Ed
- Day 1 – Pool Play
- Day 2 – Tournament Bracket

Wednesday – 5:00 p.m. Tournament Style

Basics:

- \$60 Entry Fee per team
- \$2 Admission Charge for Spectators
- At-Least 3 players but No More than 4 players
- 20 Minute running clock – First to 15 Wins

**Register by Mail before July 26th, 2019. Send Application and Medical Waiver to
College Place High School
Att: Paul Jessup
1755 College Ave
College Place, WA 99324**

Make \$60 checks payable to CPHS Boys Basketball ... For: 3 on 3 Tournament

Registering Day-Of? Registrations open between 1:00 p.m. – 3:00 a.m. Tuesday July 30th 2019
Cost Increases day of to \$80 per team.

Questions: Contact Coach Paul Jessup – pjessup@cpps.org

By signing, I am granting permission to play in the 3 on 3 Basketball Tournament sponsored by the CPHS Boys Basketball program on the grounds of College Place High School. I understand that there are risks associated with my participation in this tournament and its related events. I release and discharge CPHS District and CPHS Boys Basketball program/Athletics in law or in equity including but not limited to the risk of injury from playing in the events and the risk of loss of personal property by theft or otherwise. As a participant, I agree to play by the rules of the tournament and I understand that tournament officials reserve the right to eject players from the game and/or school property due to rowdiness, disrespect or likewise behavior without refund of fees paid.

No Coolers Allowed Please.

\$2 Admission Charge for Spectators. Need ticket for re-entry.

Pool Play Games Begin at 5:00 p.m. Tuesday July 30th

CPHS Boys Bball USE ONLY - PAYMENT RECEIVED _____

Player Information

NAME _____ GRADE/AGE _____

ADDRESS _____

HOME PHONE# _____ E-MAIL _____

IF UNDER 18, PARENT/GUARDIAN SIGNATURE _____

PARTICIPANT SIGNATURE _____

NAME _____ GRADE/AGE _____

ADDRESS _____

HOME PHONE# _____ E-MAIL _____

IF UNDER 18, PARENT/GUARDIAN SIGNATURE _____

PARTICIPANT SIGNATURE _____

NAME _____ GRADE/AGE _____

ADDRESS _____

HOME PHONE# _____ E-MAIL _____

IF UNDER 18, PARENT/GUARDIAN SIGNATURE _____

PARTICIPANT SIGNATURE _____

NAME _____ GRADE/AGE _____

ADDRESS _____

HOME PHONE# _____ E-MAIL _____

IF UNDER 18, PARENT/GUARDIAN SIGNATURE _____

PARTICIPANT SIGNATURE _____

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College Place School District Medical Release for Athletics

Age: _____ Sport: _____
Name: (Last, First) _____ Phone # _____
Address: _____ City/State _____ Zip _____
Date of Birth: _____ Age _____ City/State of Birth _____
Emergency Contact: Name #1 _____ Home/Cell/Work _____
Name #2 _____ Home/Cell/Work _____
Family Doctor: _____ Phone _____
Physical problems we should be aware of (Allergies, Disabilities, etc.)

REQUIRED:

In the event of a serious injury to the above named participant, if unable to contact either of the emergency contacts, the tournament staff in charge has our permission to seek medical attention from the nearest physician/emergency facility.

Signature of Participant: _____ Date: _____
If Under 18 Parent/Guardian Signature: _____ Date: _____

Distrito Escolar de College Place / Compartir Información Medica para Atléticos

Edad: _____ Deporte: _____
Nombre: (Apellido, Primero) _____ # de Teléfono _____
Dirección: _____ Ciudad/Estado _____ Código Postal _____
Fecha de Nacimiento: _____ Edad: _____ Ciudad/Estado de Nacimiento _____
Contacto de Emergencia: Nombre #1 _____ Hogar/Celular/Trabajo _____
Nombre #2 _____ Hogar/Celular/Trabajo _____
Doctor Familiar: _____ Teléfono _____
Problemas Fisicos cual necesitamos de estar enterados (Alergias, Discapacidades, etc.)

NECESARIO:

En el evento de una lesión seria al estudiante nombrado participe, si no podemos localizar a contactos de emergencia, personal del torneo entrenador encargado tiene nuestro permiso para buscar atención medica del doctor / facilidad de emergencia mas cercana.

Firma del Participante: _____ Fecha: _____
Si es menor de 18 anos Firma de Padres/Tutor: _____ Fecha: _____