



**Registration  
Deadline  
Thursday, 3/21**

# 3 on 3 Tournament and Skills Contest

(6<sup>th</sup>-8<sup>th</sup> Grade Boys & Girls)

**\$15 Registration Fee (Per Team)**

**Saturday, March 30<sup>th</sup>, 2019**

**10am-3pm at Red Morton Community Center**

## Program Numbers

6<sup>th</sup> Boys Division: 46.186

6<sup>th</sup> Girls Division: 46.484

7<sup>th</sup> Boys Division: 46.187

7<sup>th</sup> Girls Division: 46.485

8<sup>th</sup> Boys Division: 46.188

8<sup>th</sup> Girls Division: 46.486

**Additional Info:** Teams will play in the grade division of oldest player on the team (no co-ed teams). Doors will open at **9:30am** for warm ups and check-in. Skills competition will start at **10am**, skills participants must check no later than **10:15am**. 3 on 3 tournament will start at **11:15am**. Tournament is double elimination (guaranteed 2 games). A schedule and bracket will be emailed by **Thursday, 3/28**. Info will be sent to Team Captain.

**Team Captain – Name** \_\_\_\_\_ **Email** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Registration Deadline: Thursday, March 21st, 2019**

For more information, contact Mike Smith at 650.780.7254. Return form to Red Morton Center (1120 Roosevelt Ave.)

Participant's Name	Program # (See Above)	Team Name	Grade	School	Date of Birth (mm/dd/yyyy)
1.					
2.					
3.					

**Payment (Cash, Check, or Credit Card) - \$15 Per Team**

CREDIT CARD		CHECK _____
Card# _____	Exp.Date _____	Security Code _____
Signature X _____		Payable to: CITY OF RWC <u>\$15 returned check fee</u>
Name on Card (print) _____		CASH _____

**Please Complete Liability Wavier and Required Contact Info on Back**

**All participants must have the following info completed and signed by a parent or guardian in order to participate. Incomplete forms will not be accepted. Teams must submit completed forms and payment prior to registration deadline (Thursday, 3/21).**

**Participant #1** Adult Contact (Name) \_\_\_\_\_ Primary Phone# (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact # (\_\_\_\_) \_\_\_\_\_

*PHOTO RELEASE: I/we agree to allow use of my/our photograph in program publicity. I have read and fully understand these policies. Initials \_\_\_\_\_*

*Waiver (all classes require the signature of each Registering Adult or the Parent or Guardian of any Minor(s). Permission to participate in the following programs, including associated travel sponsored by the City of Redwood City Community Services Department is given for mean/or child as named below. In consideration of participation in these programs, I hereby indemnify and hold harmless and release the City of Redwood City, its agents, its employees and volunteers working for the City, from any and all liability for injury suffered by me or my child arising from or connected with these programs. I assume all risk for any injuries. I sign of my own free will.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Participant #2** Adult Contact (Name) \_\_\_\_\_ Primary Phone# (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact # (\_\_\_\_) \_\_\_\_\_

*PHOTO RELEASE: I/we agree to allow use of my/our photograph in program publicity. I have read and fully understand these policies. Initials \_\_\_\_\_*

*Waiver (all classes require the signature of each Registering Adult or the Parent or Guardian of any Minor(s). Permission to participate in the following programs, including associated travel sponsored by the City of Redwood City Community Services Department is given for mean/or child as named below. In consideration of participation in these programs, I hereby indemnify and hold harmless and release the City of Redwood City, its agents, its employees and volunteers working for the City, from any and all liability for injury suffered by me or my child arising from or connected with these programs. I assume all risk for any injuries. I sign of my own free will.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Participant #3** Adult Contact (Name) \_\_\_\_\_ Primary Phone# (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact # (\_\_\_\_) \_\_\_\_\_

*PHOTO RELEASE: I/we agree to allow use of my/our photograph in program publicity. I have read and fully understand these policies. Initials \_\_\_\_\_*

*Waiver (all classes require the signature of each Registering Adult or the Parent or Guardian of any Minor(s). Permission to participate in the following programs, including associated travel sponsored by the City of Redwood City Community Services Department is given for mean/or child as named below. In consideration of participation in these programs, I hereby indemnify and hold harmless and release the City of Redwood City, its agents, its employees and volunteers working for the City, from any and all liability for injury suffered by me or my child arising from or connected with these programs. I assume all risk for any injuries. I sign of my own free will.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_