

The First Annual Anthony J. Salmon 3-on-3 Basketball Tournament • Saturday, April 17, 2004

Team Registration Form

Team Name: _____

Division (circle one):

Open 12-14 year-old (O14) • Open 15-17 year-old (O17) • Open 18 year-old and over (O18)

Female 12-14 year-old (F14) • Female 15-17 year-old (F17) • Female 18 year-old and over (F18)

For Office Use Only:

Division: _____

Date Rec'd: _____

Fee Rec'd: _____

NOTE: Open: teams can be comprised of any combination of male and/or female players. **Female:** all team members must be female. The oldest member of the team will determine in which age group the team may participate. A team may choose to play in an older age group.

PLAYER 1 – Captain

Name: _____ Age (as of April 17, 2004): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

Signature (acknowledging Waiver/Release and Sportsmanship Pledge*): _____ Date: _____

If under 18 years old, Parent/Guardian must ALSO sign:

Name: _____ Signature: _____ Date: _____

T-shirt size (adult sizes only, circle one): Small Medium Large Extra-Large

• The team captain will receive further scheduling information and is responsible for informing his/her teammates about these details.

PLAYER 2 Name: _____ Age (as of April 17, 2004): _____

Phone: (____) _____ - _____ Email: _____

Signature (acknowledging Waiver/Release and Sportsmanship Pledge*): _____ Date: _____

If under 18 years old, Parent/Guardian must ALSO sign:

Name: _____ Signature: _____ Date: _____

T-shirt size (adult sizes only, circle one): Small Medium Large Extra-Large

PLAYER 3 Name: _____ Age (as of April 17, 2004): _____

Phone: (____) _____ - _____ Email: _____

Signature (acknowledging Waiver/Release and Sportsmanship Pledge*): _____ Date: _____

If under 18 years old, Parent/Guardian must ALSO sign:

Name: _____ Signature: _____ Date: _____

T-shirt size (adult sizes only, circle one): Small Medium Large Extra-Large

PLAYER 4 (optional) Name: _____ Age (as of April 17, 2004): _____

Phone: (____) _____ - _____ Email: _____

Signature (acknowledging Waiver/Release and Sportsmanship Pledge*): _____ Date: _____

If under 18 years old, Parent/Guardian must ALSO sign:

Name: _____ Signature: _____ Date: _____

T-shirt size (adult sizes only, circle one): Small Medium Large Extra-Large

Please thoroughly read the following statements. ALL players must acknowledge acceptance of, and adherence to, these conditions by signing this registration form. If a player is under 18 years old, his/her Parent/Guardian must ALSO sign this form.

Release/Waiver:

I will be participating in The First Annual Anthony J. Salmon 3-on-3 Basketball Tournament on Saturday, April 17, 2004. I understand that this activity may require physical conditioning and/or skill, and I certify that I am physically capable of participating in this activity. I also understand that there may be risks associated with this activity and agree to follow all applicable instructions, rules, and regulations during the course of my participation. I agree to release the University of Rochester and all other tournament hosts, organizers, and volunteers from responsibility for any injuries I may sustain while engaged in this activity, except to the extent that such injury or liability is due to the negligence of the tournament organizers. Before registering, players are responsible for determining if/how their high school, NCAA, and/or other eligibility may be affected by participating in this tournament. I hereby grant full permission to use any photographs, videotapes, or recordings of my likeness from this event for any purpose without reimbursement of any kind.

Sportsmanship Pledge:

I realize that I am responsible for my personal conduct and the conduct of my teammates throughout the duration of this tournament, both on and off the court. I vow to represent myself and my team in a sportsmanlike manner and to treat teammates, opponents, spectators, and volunteers with respect. I acknowledge that failure to do so could result in penalty as determined by the tournament organizers.

All participants must realize that failure to adhere to these statements and the tournament rules may result in, but is not limited to, forfeiture of game(s) and/or disqualification from the tournament. Please refer to the rules on the tournament website for further clarification. All players must have valid identification (birth certificate or driver's license) for the duration of the event. The tournament organizers reserve the right to modify the tournament format, venues, and divisions based on the total number of registered teams. There will be **no refunds** of the registration fee and **no additions or substitutions** may be made to a team's roster after the registration form has been submitted.

Registration fee is \$75.00 per team. Make check or money order payable to the "Anthony J. Salmon Fund" and mail it along with completed registration form to the address listed at the right. Participation is limited to the first 200 teams, so register early!

* **REGISTRATION DEADLINE IS MARCH 19, 2004** *

Please return registration form and fee to:
Adrienne Morgan - ATTN: Basketball Tournament
University of Rochester School of Medicine and Dentistry
601 Elmwood Avenue, Box 601
Rochester, NY 14642

For Further Information Contact:
Adrienne Morgan, Director, Student Enrichment Programs
Phone: 585-275-7203 Fax: 585-273-1016
Email: adrienne_morgan@urmc.rochester.edu
Visit the Tournament Website for Details and Updates:
<http://www.urmc.rochester.edu/smd/student/salmon/>