HOOPIN' AROUND THE CLOCK



November 17-19, 2023 a St. Clair College, Windsor - SPORTSPLEX & CLASSIC GYM



Team Registration Form

Laptain Name	Captain Phone
Captain Email	Group Represented
Preferred Date/Time/Location	
*Please Note - Every effort will be made to honour these requests. However, sc	heduling will be done on a first-come, first-served basis and we're unable to make any promises or guarantee
Registration Cost \$250/Team (up to 10 players) + \$25/Additional Player	Send e-Transfer to highrisebball@gmail.com to secure your spot
Registration Due - October 27, 2022	Please include Team Captain's name in message.

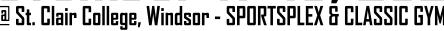
PARTICIPANT NAME	EMAIL ADDRESS (Optional)	SHIRT SIZE (Men's)	PAID

Contact us at 519-818-8611 or highrisebball@gmail.com

DOPIN' ARDUND THE CLOCK



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Participant Registration & Pledge Form

Participant Name	Participant Phone
Participant Email	Group Represented

Participants must register as part of a team (Min. 5 Players). Participants are encouraged to seek pledges in support of their participation but they are not required. Participant Registration & Pledge Forms, including any pledge funds, are to be submitted by Team Captain at time of on-site Registration. Cheques should be made payable to HighRise Basketball.

Team Registration Due October 27, 2022 Participant Pledge and Waiver Forms Due at On-Site Registration \$250/Team (up to 10 players) + \$25/Additional Player

DONOR NAME	EMAIL ADDRESS (Optional)	PLEDGE AMOUNT	PAID

Contact us at 519-818-8611 or highrisebball@gmail.com



AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

n consideration of being allowed to participate in any way in the _	HOOPIN' AROUND THE CLOCK	program/event, the under-
signed acknowledges, appreciates and agrees that:		

- 1) The risk of injury from the activities involved in this event is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and
- 2) I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe and unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless <u>HIGHRISE BASKETBALL</u>, their officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releases or otherwise.

PARTICIPANT (Please Print): _______ DATE: ______

EMERGENCY CONTACT NAME: ______

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERTSAND ITS TERMS, UNDERSTAND THAT I

FOR PARTICIPANTS OF MINORITY AGE

(Under the age of 18 and time of Registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my child's involvement or participation in this program/event as provided above.

PARENT/GUARDING SIGNATURE:	DATE:	

EMERGENCY CONTACT PHONE:

