









3-ON-3 BASKETBALL TOURNAMENT IN MEMORY OF LUKES HOUSER. SATURDAY, SEPT. 11th. 9:30AM

Tournament Rules & Regulations

-  Age Divisions:
17 & Under | 18 +
-  3 players per team. No substitutes. (Co-Ed)
-  Half court games to 11. Ones and Twos. Win by 2
-  Double Elimination.
-  All players need an adult representative.
(may be a player on the team)
-  Games will be refereed.



Lukes Houser

10/6/1995– 4/24/2019

Lukes was a YMCA staff member who was taken from the world much too soon. His passion for fitness, and love for others continues to inspire us today. Please join us in celebrating his life by participating in our 3v3 basketball tournament in his honor.



Shelby YMCA
111 W. Smiley
Ave. Shelby, OH
44875

\$60.00 Per Team

All proceeds will go toward our Annual Campaign to support youth programming in his Honor.



Player 1: _____ Age: _____ Phone Number: _____

Email: _____ **Shirt Size (circle): Youth: S M L Adult: S M L XL XXL**

Waiver and Release Form Liability: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly as a result, and or participation in the SHELBY Y and its activities, the various branches and subdivision thereof, and all employees and volunteers in their capacities as representatives of the SHELBY Y expressly including, but not limited to, the Board of Directors of the SHELBY Y, except from injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same and that it is my intention by my heirs, administrators, executors, successors and assigns. Property Loss: I understand that the SHELBY Y is not responsible for personal property lost, damaged or stolen while members and/or program participants are using the SHELBY Y facilities or on SHELBY Y program premises. Photography Permission: I give my permission for the SHELBY Y to use, without limitation or obligation, photographs, film footage or tape recordings which may include image or voice for purposes of promoting or interpreting SHELBY Y programs. Insurance: I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all SHELBY Y activities. The SHELBY Y does not provide any accident or health insurance for it participants. Medical Release: I authorize the SHELBY Y as my agent to give and consent to surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the SHELBY Y to give first aid, CPR or other treatment by a qualified staff member. Acceptance: This waiver and release is given for me and on behalf of all the minor members of my family or in my care, if any. If any portions of this waiver are held to be invalid I agree that the remaining terms shall continue to be full legal force and effect. I have read, or have had read to me, and voluntarily sign this waiver and release from liability.

Signature of Parent or Guardian if less than 18 years of age Date

Player 2: _____ Age: _____ Phone Number: _____

Email: _____ **Shirt Size (circle): Youth: S M L Adult: S M L XL XXL**

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Signature of Parent or Guardian if less than 18 years of age Date

Player 3: _____ Age: _____ Phone Number: _____

Email: _____ **Shirt Size (circle): Youth: S M L Adult: S M L XL XXL**

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Signature of Parent or Guardian if less than 18 years of age Date

For Office Use Only:

Player 1: Date: _____	Payment: Check # _____ Cash Credit Amount \$ _____
Received by: _____	Receipt # _____ Circle One: Member Non-Member
Player 2: Date: _____	Payment: Check # _____ Cash Credit Amount \$ _____
Received by: _____	Receipt # _____ Circle One: Member Non-Member
Player 3: Date: _____	Payment: Check # _____ Cash Credit Amount \$ _____
Received by: _____	Receipt # _____ Circle One: Member Non-Member