



3-ON-3 BASKETBALL TOURNAMENT IN MEMORY OF LUKES HOUSER JUNE 22, 2019 AT 10AM

Join us at the Shelby YMCA on June 22, 2019 at 10am for a 3-on-3 basketball tournament to benefit the Lukes Houser Family. Teams will be limited to 3 players each and the cost is \$60 per team, which includes registration and a t-shirt. Prizes will be awarded to 1st, 2nd, and 3rd place winners in each age division. We will also have a 50/50 raffle and concessions. Please join us for this wonderful event in support of Lukes' Family! **Register your team at the Shelby YMCA by June 17th.**

Tournament Rules & Regulations

- Age Divisions:
8-12 | 12-16 | 17+
- Tournament is co-ed
- Only 3 players per team. No substitutes.
- Half court games
- Games played to 11 by 1's and 2's. Must win by 2
- Guaranteed 2 games
- Pool play will determine the bracket
- All players need an adult representative (may be a player on the team)
- Games will be refereed
- Players will wear pennies to identify teams



All proceeds from this event will benefit the Lukes Houser family.



Shelby YMCA
111 W. Smiley Ave.
Shelby, OH 44875
419-347-1312



Player 1: _____ Age: _____ Phone Number: _____

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

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Date

Player 3: _____ Age: _____ Phone Number: _____

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