

CMS 3 on 3 Basketball Tournament

October 19th & 20th

Registration Form & Waiver

Team Name: _____

Division (circle one): **Amateur A** **Amateur B** **Semi-Pro A** **Semi-Pro B** **Pro A** **Pro B**

Team Captain's Name: _____

Captain's Address: _____

Captain's Phone: _____

Player #	Name & Phone Number	Age	Date of Birth	Male/Female
1				
2				
3				
4				

ALL PLAYERS AND A PARENT/GUARDIAN FOR EACH PLAYER UNDER 18 MUST SIGN THIS WAIVER: I understand that by signing this document, I acknowledge and assume the risks inherent in the 3 on 3 basketball tournament, and hereby relieve Cheatham Middle School & the Cheatham County School District of any and all liability.

1. Player's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

2. Player's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

3. Player's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

4. Player's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Completed pre-registration form and waiver with your payment should be dropped off at the CMS main office c/o Coach Megan Hunter by October 18th.