

# 2018 SPYSA 3 ON 3 TOURNAMENT

SUNDAY July 8<sup>th</sup>, 2018 St. Paul Civic Center

Entry Fee and Entry Form due by **JUNE 29, 2018**: \$30 per team  
 Entry Fee after 6/29: \$40 per team  
 Must be registered by June 29, 2018 to guarantee your team's spot in tourney.

May also sign up by:  
 Please make checks payable to **SPYSA**  
 Mail check & entry form to:  
 Attn: SPYSA  
 PO Box 23,  
 St. Paul, NE 68873-0023

May also drop off at:  
 Wroblewski & Gawrych Law Office LLC  
 617 Howard Avenue  
 St. Paul, Nebraska 68873  
 Call or text Julie Gawrych at 308-750-1832  
 with any questions or concerns.

**TEAM NAME** \_\_\_\_\_ **DIVISION (2017-18 School Year)** Must play in division of **OLDEST** player on team. *Circle One*

4 <sup>th</sup> Grade Boys	5 <sup>th</sup> Grade Boys	6 <sup>th</sup> Grade Boys	7 <sup>th</sup> grade Boys	5 <sup>th</sup> Grade Girls	6 <sup>th</sup> Grade Girls	7 <sup>th</sup> Grade Girls	8 <sup>th</sup> Grade Girls
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**Player #1: Team Captain**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Grade (17-18) \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Player #2:**

Name \_\_\_\_\_ Grade (17-18) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

**Player #3:**

Name \_\_\_\_\_ Grade (17-18) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

**Player Alternate (Optional)**

Name \_\_\_\_\_ Grade (17-18) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

I am the parent or guardian of the participant listed below. I hereby give permission for the participant listed as my child and/or legal ward to participate in the SPYSA 3-on-3 Basketball Tournament on Saturday, July 8<sup>th</sup>, 2017 at the St. Paul Civic Center, St. Paul, Nebraska. As a participant of the SPYSA 3-on-3 Basketball Tournament, I verify that I have read, understand, and accept the terms of this waiver and release. The undersigned does hereby release and discharge, and agrees to indemnify and hold harmless the City of St. Paul, Howard County, Nebraska, SPYSA, and the St. Paul Civic Center, its respective employees, agents, and assigns of and from all manner of actions, suits, liabilities, claims, cause of action, and demands of whatever kind and whatsoever, in law or equity, for any loss or damage to any person, property, or organization hereof because of, or on account of, the actions or omissions of the undersigned or its employees, agents, and assigns, and for any loss or damage to the undersigned's person and/or property which may occur in connection with the event known as the SPYSA 3-on-3 Basketball Tournament.

Player #1  _____ Participant (printed)  _____ Parent or Guardian (printed)  _____ Parent or Guardian (signature)	Player #2  _____ Participant (printed)  _____ Parent or Guardian (printed)  _____ Parent or Guardian (signature)	Player #3  _____ Participant (printed)  _____ Parent or Guardian (printed)  _____ Parent or Guardian (signature)	Player #4 (optional)  _____ Participant (printed)  _____ Parent or Guardian (printed)  _____ Parent or Guardian (signature)
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