

Bealsville Community 3 on 3 Tournament



DATE: Sunday, October 25, 2015
Time: 3:00pm – 7:30pm
Place: Bealsville Recreation Center
5009 Nesmith Road
Plant City FL, 33567

“Ballin’ in Bealsville”

- 3 on 3 Tournament is Co Ed- Open to Girls and boys 6th-12th grade ONLY
- Half time Showcase featuring local Community Legends (adults ONLY)
- FREE- No registration fee (but all teams/players MUST be registered to play)
- Each player MUST complete and return this Registration/Waiver form by October 20, 2015 in order to participate in 3 on 3 tournament or “Community Legends half time showcase game”. (Old Skool ballers)
- FREE - No Registration Fee required (but all players MUST be registered to play)
- Walk ups welcomed (But only teams/players that pre-registered by Oct. 20th deadline guaranteed to play)
 - Forms can be scanned and emailed to bealsville3on3@gmail.com
 - Register at 1) bcomovement.org 2) bealsville.com
 - Print and Mail or Deliver to
 - 1) Clark Home 4614 Horton Road Plant City, FL 33567
 - 2) De’Javu Upscale Boutique 104 w Reynolds St., Plant City, FL 33563

REGISTRATION/WAIVER OF LIABILITY FORM

Team Name: _____ Color: _____

Participant’s Full Name _____

Date of Birth ____/____/____ Age ____ Sex ____ School _____ Grade ____

Address _____ City _____ State _____

Zip _____ Home Phone _____ Email Address _____

Parent Name _____ Cell Phone _____

Home Phone _____ Email Address _____

Local Contact in case of an emergency other than a parent. **MUST BE FILLED OUT.**

Contact Name _____ Relation to participant _____

Cell Phone _____ Other Phone _____

Parent's Initial _____

Permission for Enrollment and Release of Bealsville, Inc., Bealsville Community Volunteers and Hillsborough County Parks and Recreation from all claims

I give my child permission to participate in Bealsville Community 3 on 3 Tournament Activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the Bealsville Community 3 on 3 Committee allowing my child to participate in Bealsville Community 3 on 3 Tournament activities, I understand and expressly acknowledge that I release **Bealsville, Inc., Bealsville Community Volunteers and Hillsborough County Parks and Recreation** and its staff members from all claims for any injury, loss or damage connected in any way whatsoever to participation in these activities whether on or off Bealsville Recreation Center premise. I understand that this release includes any claims based on negligence, action, or inaction of, Bealsville, Inc., Bealsville Community Volunteers and/or Hillsborough County Parks and Recreation. Its director, officer, shareholder, managing member, member, managing partner, partner, agent, employee, independent contractor and guests. I have read and am voluntarily agreeing to do this authorization and release.

Adults Only _____

I (Name) _____ as a consenting adult volunteer to participate in the Bealsville Community 3 on 3 Tournament. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the Bealsville Community 3 on 3 Committee allowing me to participate in Bealsville Community 3 on 3 Tournament activities, I understand and expressly acknowledge that I release **Bealsville, Inc., Bealsville Community Volunteers and Hillsborough County Parks and Recreation** and its staff members from all claims for any injury, loss or damage connected in any way whatsoever to participation in these activities whether on or off Bealsville Recreation Center premise. I understand that this release includes any claims based on negligence, action, or inaction of, Bealsville, Inc., Bealsville Community Volunteers and/or Hillsborough County Parks and Recreation. Its director, officer, shareholder, managing member, member, managing partner, partner, agent, employee, independent contractor and guests. I have read and am voluntarily agreeing to do this authorization and release.

Authorization of Emergency Medical Treatment

If I as an adult participant or my child should become ill or injured during the Bealsville Community 3on3 Tournament activity, I understand that Bealsville Community Volunteers will, (1) contact me immediately or, (2) contact the person I have designated as the emergency contact person if I cannot be reached. Should Bealsville Community Volunteers be unable to reach me, or the person designated they are authorized to arrange for immediate emergency treatment necessary to ensure my child's health and Safety. I accept responsibility for payment of medical services rendered.

Photo/ Video Release

I grant permission to Bealsville, Inc., B.COM and/or Bealsville Community 3 on 3 Committee Volunteers to use photographs and videotapes taken of me as an adult participant or my child for Bealsville, Inc., B.COM and/or Bealsville Community 3 on 3 Committee publication purposes.

Medical or other information (i.e. allergies, medical, physical or emotional conditions or special needs):

Print Participant's Name

Participant's Signature

Date

Print Parent's Name (if under 18 years of age)

Parent's Signature

Date

Bealsville Community 3 on 3 Tournament Contact: Email: **bealsville3on3@gmail.com**
Phone: Terry Clark 813-473-1056 or Flo Clark 813-365-0951