

2017 CAN-AM HOOPS CLASSIC TEAM ENTRY FORM

BOYS' TRNY: June 3-4, 2017 GIRLS' TRNY: June 10-11, 2017 Jerry Welsh Gymnasium Maxcy Hall, SUNY Potsdam

Mailing Address:

CAN-AM HOOPS CLASSIC Attn: Jim Bechtel/ Brittany Cohen Maxcy Hall-SUNY Potsdam, NY 13676

Online registration [https:// OASYS SITE](https://OASYS SITE)

BOYS' ENTRY DEADLINE is 5/25/17

GIRLS' ENTRY DEADLINE is 6/1/17

EMAIL or CALL TO RESERVE YOUR SPOT!

Jim Bechtel: C 814/777-2317 W 315/267-2308 bechtejg@potsdam.edu
 Brittany Cohen: C 315/559-4943 W 315/267-3708 cohenbs@potsdam.edu

*****PLEASE PRINT CLEARLY & COMPLETE ENTIRE FORM.*****

Grade Division: 6th 8th 10th 11th 12th

Gender: BOYS GIRLS

Team Type: School AAU Club

On-campus housing needed? Yes No

*(If yes, please complete and submit the additional room reservation form online.
 No housing requests will be honored if not submitted by team entry deadlines listed above.)*

TEAM NAME: _____

INSURANCE: Team Parent Signatures (Waiver)

Coach's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

***Birth date:** _____ **MUST COMPLETE THIS!**

Cellular: _____

E-mail: _____

Asst. Coach Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

***Birth date:** _____ **MUST COMPLETE THIS!**

Cellular: _____

E-mail: _____

NOTE: Per SUNY policy, the above named coaches and/or supervisors of your team agree to a search of the NY Sex Offender Registry; and a search of the National Sex Offender Public website.

If your team has insurance circle ► **YES** (attach team insurance certificate to this form)
 You do NOT need Parent signatures IF your team(s) has team insurance.

If you do NOT have team insurance, parent signatures ARE REQUIRED! (sign below).

WRITE LEGIBLY. COMPLETE ALL INFO REQUESTED. FAX FORM to 315-267-2316

Jersey#	Name	GR	Parent Signature
44	John Smith (sample)	9	Fred Smith
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

CAN-AM HOOPS CLASSIC WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISKS THIS IS A LEGALLY BINDING DOCUMENT. The parent and/or legal guardian of the participant stated above, have given my daughter/son permission to participate in the CAN-AM HOOPS CLASSIC and I certify that he/she is in good health and can take part in all basketball activities. I fully understand that participation in CAN-AM HOOPS CLASSIC basketball tournament may involve serious risks and danger that may result in harm, bodily injury and death. In the event of an emergency or an injury occurs, I authorize the camp staff members to take all proper action and use the emergency service available at the nearest hospital if necessary. I understand my personal or team insurance will be used in this case. I, for myself and on behalf of the participant hereby release and hold harmless against any claims, damages, and expenses CAN-AM HOOPS CLASSIC and any of their directors, officials, agents, and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducements.