



**Big Shot Basketball @ Gilmour Academy
3-on-3 Tournament**

Sunday, October 29th	Grades 7, 8	11:00 am
Sunday, October 29th	Grades 3, 4, 5, 6	1:00 pm

- ***Separate boys' brackets & girls' brackets**
- ***Divisions separated by grade level**
- ***Minimum 3 game guarantee**
- ***Maximum 4 players per team**
- ***T-shirt for each participant**
- ***Cost: \$120.00 per team**
- ***Registrations must be received by Wednesday, October 25, 2017**

Note: Registrations will be accepted by e-mail...include information requested below

Please print clearly

3-on-3 Team Name _____

Grade Level _____ **Boys** / **Girls**

Player 1 _____

Player 2 _____

Player 3 _____

Player 4 _____

*****Note:** Each individual participant needs to complete and submit an individual waiver form
T-shirt size is listed on individual waivers

Make checks payable to: Big Shot Basketball, LLC

Mail registration form and individual waivers to: Big Shot Basketball LLC
32899 Walnut Drive
Avon, OH 44011

Questions??? Contact Sean O'Toole

Voicemail: 216.548.1313
E-mail: otooles@gilmour.org
www.bigshotbasketballacademy.com
Twitter: @BigShotBball



Individual Medical Waiver

Player _____

Team Name _____ Grade _____

School _____

Cell # _____

Address _____

City _____ Zip _____

Parent _____

E-mail Address _____

Participant t-shirt size YM YL AS AM AL AXL A2XL

EMERGENCY INFORMATION: In the event of an emergency and we can't reach you, please call:

Name _____

Relationship _____

Home # _____ Cell # _____

In consideration as my acceptance as a participant in the Big Shot Basketball 3-on-3, I do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for the damages which I have or which may hereafter accrue to me against Big Shot Basketball LLC, Gilmour Academy, or all its or their respective officers, agents, representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by me in connection with said athletic competition. I have read the above statement, I understand it and my signature confirms its full acceptance. I attest and verify that I have full knowledge of risk involved in competition and I am physically fit and sufficiently trained to participate in this event. I authorize the directors to act for me according to their best judgment in any emergency requiring medical attention for which services I will pay.

Parent/Guardian Signature _____

Date _____