

MARY MELE FIVE ON FIVE CHARITY BASKETBALL TOURNAMENT

IN COORDINATION WITH



2015 Annual Mary Mele Memorial Basketball Tournament

Team Name: _____ Team Captain Name: _____

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____ This is my address at: Home Work

Home Phone: _____ Work Phone: _____ Ext. _____

Fax: _____ Cell Phone: _____ I prefer to be contacted at: Home Work Cell

E-mail Address: _____ I am 18 years old or under: Yes No Age: _____

Employer: _____

- 5 on 5 game
- 10 people permitted on a team
- Adults and children age 13 and older permitted to participate in the tournament
- To register, contact Bob at (724) 393-7589

\$10 per person

My team captain has paid our Team Registration fee Enclosed is my Individual Registration fee of

Waiver: Each Team Member **MUST** read and sign.

- As a participant in The tourney I, for myself, my executor, administrators, and assigns, do hereby release and discharge The tourney, the event site, their management, their officers, members, sponsors, organizers, or their representatives, or their successors, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation or that of my child in this event.
- I give my full permission for the use of my name and photograph in this event.
- I also give my full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

Participant Signature: _____ Date: ____/____/____
(Signature of parent or legal guardian if child is under 18)

Additional Information

- I am a Cancer Survivor: Yes No I wish to be recognized/announced at Relay event: Yes No
Date of Diagnosis: ____/____/____ Cancer Type: _____