



**Registration  
8:30 am**

**Start  
9:00 am**

**10<sup>th</sup> Street  
Victoria, Kansas**

**(Grade school basketball courts)**

DEADLINE FOR ENTRY IS AUGUST 3<sup>rd</sup>

Email entry form to [darogers@ruraltel.net](mailto:darogers@ruraltel.net) or mail it to PO Box 433, Victoria KS 67671.

TEAM NAME: \_\_\_\_\_

CAPTAIN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mark One:    Male \_\_\_\_\_  
                  Female \_\_\_\_\_

Player's Names:

\_\_\_\_\_  
\_\_\_\_\_

Please mark Age Division:

10-12 \_\_\_\_\_ 13-15 \_\_\_\_\_ 16 & UP \_\_\_\_\_

1ST & 2ND Places awarded prizes

For more information contact: Dan @ 785-386-8029

**3 on 3 Basketball Application Waiver**

I know running jumping during activities such as basketball is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of the basketball official relative to my ability to safely complete the event. I assume all risks associated with this event including, but not limited to: falls, contact with other participants, effects of the weather, including high heat and/or humidity; all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the City of Victoria and all volunteers, sponsors and professionals associated with this event from all claims or liabilities of any kind arising out of my participation in this event even though liability may arise out of my negligence or carelessness on the part of the persons named in this waiver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if under 18 years of age): \_\_\_\_\_