



3 ON 3 BASKETBALL

Date: Saturday June 28th

Sunday, June 29th

Location: Robinson HS Gym

Time: 8:00am-8:00pm

Entry Fee: Youth - \$100

HS/Adult - \$125

After JUNE 16th, Add \$25 Late Fee

Deadline: June 24, 2014 (Schedules will be ready June 26th)

www.fairfaxcounty.gov/parks/tournaments-for-turf/

Please complete entire registration and email, fax or mail back before the deadline.

Once your registration is received and processed, you will receive an email confirmation with a copy of your receipt of payment and any additional information needed.

Fax: 703-324-3975

Email: Rebecca.Frece@fairfaxcounty.gov

Address: 12055 Government Center Pkwy., Suite 927 Fairfax, VA 22035-1118

Please contact Rebecca Frece at 703-324-8759 if you have any questions.

Team Name: _____

Gender: Male Age: 5th/6th Grade 7th/8th Grade HS Adult

Female Division: Competitive Recreation

Team Captain: _____ DOB: _____ Height: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Shirt Size: _____

Player #2: _____ DOB: _____ Height: _____

Email: _____ Shirt Size: _____

Player #3: _____ DOB: _____ Height: _____

Email: _____ Shirt Size: _____

Player #4: _____ DOB: _____ Height: _____

Email: _____ Shirt Size: _____

Does your team need jerseys? YES NO If yes, How many? _____

•Please add \$5.00 for each jersey onto total registration fee.
(Ex: 4 players * \$5.00= \$20.00. Youth Fee \$100 + \$20.00 jerseys = \$120 Total)

*Can only purchase jerseys if team is registered by JUNE 16th.

Where did you hear about this tournament?

Flyer FCPA website Friend/Family Email Other

Special Requests? (We will try our best to meet all requests but cannot guarantee)

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Payment Coupon

Name: _____ Team Name: _____

Email: _____

I would like to pay the registration amount of by: (Check one)

Cashier's Check or money order enclosed

MasterCard/Visa Credit card* (_____/_____/_____/_____)

Expiration Date: _____

Cash (pay in person, **do not mail cash**)

Signature Required: _____ Date: _____

*If you are paying by CREDIT CARD, please FAX or MAIL credit card information. Please **do not email** for security purposes. You may CALL 703-324-8759 after emailing registration and I will take your C.C. payment securely over the phone.

Participant Waiver Form
To be signed at time of registration

The Fairfax County Park Authority requires that every participant must read this waiver form. Signature on this registration form signifies each participant has read, understands and abides by this information.

In consideration of being allowed to participate in any and all sports tournaments or related events being held, sponsored and/or officially presented or endorsed by the Park Authority, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in these sport events is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and
3. I understand that the Park Authority does not provide medical insurance coverage for activity participants and that any applicable medical insurance must be provided individually by such participant; and
4. I waive, release and discharge the Park Authority and sporting event venue from any and all claims, costs, expenses or liabilities arising out of or relating to my participation in the event and other services; and
5. I willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention of the nearest official immediately; and
6. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, indemnify and hold the Fairfax County Park Authority, its partners/affiliates, and their officers, officials, agents and/or employees, other sport participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event or activity (“Releases”) harmless with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by the law.

I, AS REPRESENTATIVE FOR THE _____ (team name), HAVE READ THIS WAIVER FORM, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Signature:

Date:

Parent/Guardian Signature: (If participant is under 18 years of age)

Date: