

ANGEL ELITE SPORTS **3 ON 3 BASKETBALL REGISTRATION**

July 19 - 20, 2009

South Robeson High School Gym

Entry Fee \$100 per team

(limit 5 players per team)

3 Game guarantee

Please make checks payable to: Angel Elite Sports

201 East Livermore Dr. Pembroke, NC 28372

Fax: 910-521-0875

Team Name: _____ Captain 's Name: _____

Address: _____ City _____ State _____ Zip _____

Phone #: _____ Email: _____

DIVISION:

_____ Age 18 – 35

_____ Age 35 – over

_____ Male/Female

	Name (Print)	Signature	Age	DOB
Player 1 (Captain)				
Player 2				
Player 3				
Player 4				
Player 5				

Waiver Agreement and Liability Release

By signing my name **above** I agree to this waiver/agreement.:

- I fully agree that I am physically fit and able to participate in the Angel Elite 3 on 3 Basketball Tournament.
- I fully understand that there is a risk of physical injury and am willing to accept that possibility and responsibility of any damages, injury or treatment necessary.
- I fully agree that it is my responsibility to understand and obey all rules and laws to ensure my safety as well as others.
- I fully understand that Angel Elite Sports or any other organizations involved in the planning, facilities and coordination of the tournament as well as any of its sponsors and any associated individuals aren't responsible for any loss, injury, or death related to participation or attendance at the Angel Elite 3 on 3 Basketball Tournament.
- I fully agree to know and abide by all Angel Elite 3 on 3 Basketball Tournament rules.

Payment method _____ Received by: _____