



# Flawless Hoops 3-on-3 Youth (Ages 12-13)

## Team Registration & Waiver Form



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

Tournament Starting Date: Aug 9-10th, 2025      Tournament Fee: \$100 per team

**COED TEAM ROSTER: 3 Players Required (up to 4 players) per team \*Teams Must Consist of at least 1 Girl Player**

Player's First Name	Player's Last Name	Parent's Phone #	Address

I (Parent/ Legal Guardian) agree to the participation of my child (Player) in Flawless Hoops 3-on-3 Tournament, the undersigned acknowledges, appreciates, and agrees to the following: I understand that by signing this form, I agree for my child (Player) to participate and acknowledge the risks inherent in the 3 on 3 basketball tournament. I understand that participation in basketball involves risks and that, regardless of every precaution taken by Flawless Hoops, some injuries may and sometimes will occur. I realize that basketball is a vigorous physical activity that involves running, jumping, rotation, violent body contact, and rapid directional change. I fully know, understand, and appreciate the risks involved in active participation in basketball. I (Parent/ Legal Guardian) further certify that my child's (Player) present level of physical condition is consistent with the demands of active participation in basketball. I HEREBY WAIVE ALL CLAIMS against the organizers, facility lessor, sponsors, any volunteers or officials appointed by them. I am voluntarily requesting permission for my child to participate. **I hereby relieve Flawless Hoops of any and all liabilities.** I agree that any pictures/videos of my child taken may be used for promotional purposes.

1.X \_\_\_\_\_  
 Player's Full Name                      Parent/Legal Guardian's Full Name                      Parent/Legal Guardian's Signature                      Date

Emergency Contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

2.X \_\_\_\_\_  
 Player's Full Name                      Parent/Legal Guardian's Full Name                      Parent/Legal Guardian's Signature                      Date

Emergency Contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

3.X \_\_\_\_\_  
 Player's Full Name                      Parent/Legal Guardian's Full Name                      Parent/Legal Guardian's Signature                      Date

Emergency Contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

4.X \_\_\_\_\_  
 Player's Full Name                      Parent/Legal Guardian's Full Name                      Parent/Legal Guardian's Signature                      Date

Emergency Contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_