



Flawless Hoops 3-on-3 Adults (Ages 18+)

Team Registration & Waiver Form



TEAM NAME: _____

Tournament Starting Date: August 2-3rd, 2025 Tournament Fee: \$150 per team

Captain's Name: _____ Captain's Phone # _____

Captain's E-Mail: _____

TEAM ROSTER: 3 Players Required (up to 4 players) per team

First Name	Last Name	Phone Number	Address

I understand that by signing this form, I agree to **participate** and **acknowledge the risks inherent** in the 3-on-3 basketball tournament. I realize that basketball is a vigorous physical activity that involves **running, jumping, rotation, violent body contact, and rapid directional change**. I understand that participation in basketball involves certain inherent risks and that, regardless of the precautions taken by St. Elizabeth Ann Seton (facility lessor) and Flawless Hoops basketball organization, **some injuries may occur**. These injuries include but are not limited to: **1) Sprains, strained muscles 2) Broken bones, dislocated joints 3) Permanent disability 4) Quadriplegia 5) Death. I HEREBY WAIVE ALL CLAIMS** against the organizers, facility lessor, sponsors, any volunteers, or officials appointed by them. I am voluntarily requesting permission to participate. I fully know, understand, and appreciate the risks involved in active participation in basketball. I further certify that my present level of physical condition is consistent with the demands of active participation in basketball. I hereby relieve Flawless Hoops of any and all liabilities. I agree that any pictures/videos taken may be used for promotional purposes.

Player 1 (Captain) Signature

Print Name

Date

Player 2 Signature

Print Name

Date

Player 3 Signature

Print Name

Date

Player 4 Signature

Print Name

Date