

# Hoops for Hope Registration Form



Please join us for the first annual **Hoops for Hope** 3-on-3 Basketball Tournament. **Hoops for Hope** is designed to bring awareness and funding to the fight against opioid addiction in our community, by benefitting two community groups - the Stow Opioid Task Force and Youth2Youth Program in Stow-Munroe Falls High School. We thank you for your support!

**Date:** Aug. 12, 2017

**Location:** TBD (Stow)

**Time:** TBD (Morning, till finished. Weather permitting)

**Cost:** \$150 per team

**Registration Deadline:** July 31, 2017

There will be team registration ONLY, with one lump sum fee payment. Partial payments will not be accepted. **PLEASE NOTE:** All individual TEAM MEMBERS must be listed on the registration form, and each must sign or have his/her guardian sign an individual WAIVER FORM (Included).

## Divisions

Teams will be divided into the following eight (8) divisions with co-ed teams being placed into male divisions. Hoops for Hope reserves the right to divide the divisions further based on the number and disparity of teams registered.

Division	Age	Gender
Adult	19+	Men/Women
Older Youth	15-18	Men/Women
Younger Youth	11-14	Men/Women
Child	10 and under	Men/Women

Please complete and return registration packet along with the payment (\$150) by 4 p.m. on July 31.

## THREE WAYS TO REGISTER

Pay by credit card, cash or check made payable to City of Stow

(The City of Stow will transfer ALL registration fees to Hoops for Hope)

**Online** (Credit card only)

[StowOhio.recdesk.com](http://StowOhio.recdesk.com)

**In Person** (Check, cash or credit card)

Stow Parks and Recreation, 3760 Darrow Rd., Stow, OH 44224

**Mail In This Form - *MUST be postmarked by July 31, 2017***

Stow Parks and Recreation, 3760 Darrow Rd., Stow, OH 44224

**REGISTRATION FORM - Please fill out completely with information for each team participant.**

Team Name \_\_\_\_\_

Captain Name \_\_\_\_\_

Player Name \_\_\_\_\_

Player Name \_\_\_\_\_

Player Name \_\_\_\_\_

Player Name \_\_\_\_\_

Name:		
Birthday:	Age:	M / F
Mailing Address:		
City:	State:	Zip:
Primary Phone:		
Primary Email:		
Guardian/Emergency Contact Name:		
Guardian/Emergency Contact Number:		

Name:		
Birthday:	Age:	M / F
Mailing Address:		
City:	State:	Zip:
Primary Phone:		
Primary Email:		
Guardian/Emergency Contact Name:		
Guardian/Emergency Contact Number:		

Name:		
Birthday:	Age:	M / F
Mailing Address:		
City:	State:	Zip:
Primary Phone:		
Primary Email:		
Guardian/Emergency Contact Name:		
Guardian/Emergency Contact Number:		

Name:		
Birthday:	Age:	M / F
Mailing Address:		
City:	State:	Zip:
Primary Phone:		
Primary Email:		
Guardian/Emergency Contact Name:		
Guardian/Emergency Contact Number:		

Name:		
Birthday:	Age:	M / F
Mailing Address:		
City:	State:	Zip:
Primary Phone:		
Primary Email:		
Guardian/Emergency Contact Name:		
Guardian/Emergency Contact Number:		

## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, ANY AND ALL organizations or persons involved with the planning or execution of the Hoops for Hope event.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Hoops for Hope, Crestview Church, Stow Monroe-Falls School District, the City of Stow, and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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Participant's Signature  
(Please print legibly.)

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Date

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Participant's Name

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Age

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Parent/Guardian Signature

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Date

(If under 18 years old, Parent or Guardian must also sign.)