



# HELENA ROTARY HOOPS

3 ON 3 BASKETBALL TOURNAMENT

Saturday, October 20, 2018

**DUE OCTOBER 1 - \$125/TEAM – 4 GAME MINIMUM**

First game starts at 9:00 a.m.

Optional \$10/player/contest for skills contests

Mail registration form and waiver with payment to:

Rotary Club of Helena, PO Box 333, Helena MT 59624

To register and pay online, visit [www.HelenaRotary.org](http://www.HelenaRotary.org)

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

Team Division/Grade – Circle One: Girls 4-5      Girls 6      Girls 7      Girls 8  
    Boys 4-5      Boys 6      Boys 7      Boys 8

Team Coach \_\_\_\_\_ Phone# \_\_\_\_\_

Coach E-mail \_\_\_\_\_

Player #	Player Name	Grade	Date of Birth	Male/ Female	Optional Free Throw Contest? \$10/ea	Optional 3-Point Contest? \$10 ea

**All players and a parent/guardian for each player must sign this waiver:**

I understand that by signing this document, I acknowledge and assume the risks inherent in the 3-on-3 basketball tournament, and hereby relieve the Rotary Club of Helena and Helena Public Schools of any and all liability.

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<p>1. Team Fee: <u>\$125</u></p> <p>2. Optional Free Throw Contest - #entered ____ x \$10= \$____</p> <p>3. Optional 3-Point Contest - # entered ____ x \$10 = \$____</p> <p>Total Due (1 + 2 + 3) = \$_____</p>
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Bracket information will be communicated to coaches by October 15, 2018.