

**AUGUSTANA UNIVERSITY RECREATIONAL SERVICES
BASKETBALL TOURNAMENT
ENTRY FORM & MEDICAL WAIVER**

TEAM NAME: _____ COACHES NAME: _____

COACHES E-MAIL: _____

BOYS OR GIRLS DIVISION: 4 5 6 7 8 9 ASSISTANT COACH: _____

(circle) (circle)

OFFICIAL SCOREKEEPER: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: () _____ CELL PHONE: () _____

PHONE NUMBER: _____ AND LOCATION: _____

(In Sioux Falls where you can be reached during the tournament weekend)

NAME	SHIRT #	AGE	DOB	GRADE	PARENT SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

PERMISSION AND RELEASE: The above players have been granted permission to participate in this tournament. In exchange for the privilege of participating, all legal claims against those associated with the tournament are waived. I also give my consent, in case of injury or sickness, to have an athletic trainer, medical doctor, nurse, hospital or clinic provide the player with medical assistance and/or treatment, and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

COACH'S SIGNATURE: _____ **DATE:** _____

PLEASE EMAIL THIS TO (mark.hecht@augie.edu) OR SEND THIS FORM TO AUGUSTANA UNIVERSITY BEFORE
MARCH 8th, 2018

Attention: Mark Hecht
2001 S. Summit Ave
Sioux Falls, SD 57197

