



# Hoops for a Cause



## 3 on 3 Charity Basketball Tournament

All proceeds to benefit **The Ronald McDonald House**

April 12, 2015 at Sullivan County Community College

\$36.00 per Team Fee: Make checks payable to The Ronald McDonald House of New York  
Tournament Starts at 10am – Trophies Awarded to Winning Teams

### Age Group:

Hoop Dreams: Ages 13-17    Hoop Masters: Ages 18-39    Hoop Legends: 40 and up

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

#### Team Captain/Player 1

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Participant Signature (Parent Signature if under 18 years of age): \_\_\_\_\_

#### Player 2

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Participant Signature (Parent Signature if under 18 years of age): \_\_\_\_\_

#### Player 3

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Participant Signature (Parent Signature if under 18 years of age): \_\_\_\_\_

### **\*\*REGISTRATION DEADLINE IS MARCH 31<sup>st</sup>\*\***

#### **\*\*Waiver of Liability: signature required for participation in Hoops for a Cause Tournament\*\***

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to myself or dependent children which might arise directly or indirectly as a result of, and or participation in the Hoops for a Cause basketball Tournament. I hereby expressly release, discharge and hold harmless from any liability whatsoever the family of Jarred James, Sullivan County Community College and all employees and volunteers in their capacities as representatives of SCCC, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators executors successors and assignees.

Send completed registration and payment to: Jarred James, PO BOX 393, Neversink, NY 12765

Or drop off at the Tri-Valley High School Main Office

Please direct all questions to: [H4AC2015@gmail.com](mailto:H4AC2015@gmail.com)

**Please Like us at [www.facebook.com/H4AC2015](http://www.facebook.com/H4AC2015)**