



3v3 Tournament Registration Form

Participant Information:

Full Name: _____ **Age:** _____ **Date of Birth:** _____

Gender: ☐ Male ☐ Female ☐ Other

Parent/Guardian Information:

Full Name: _____ **Relationship to Participant:** _____

Phone Number: _____ **Email Address:** _____

Emergency Contact Information:

Full Name: _____ **Phone Number:** _____

Relationship to Participant: _____

Consent & Waiver:

I, the undersigned, as the parent/guardian of the above participant, consent to their participation in the basketball tournament. I understand that participation in the tournament involves some inherent risks, and I release the tournament organizers, coaches, and staff from any liability. In case of an emergency, I authorize Total Athletics Club staff to seek medical attention for my child if necessary.

Signature of Parent/Guardian: _____ **Date:** _____

Payment Information:

Pre-Registration Fee (Before 12/21): \$10

Same Day (12/21) Registration Fee: \$15

Payment Method:

☐ CashApp: \$TotalAthleticsClub

☐ Cash