# ai Paul Hrabovsky Memorial 3 vs 3 Basketball Tournamer

## **Registration Form & Waiver**

## Saturday, May 17<sup>th</sup>, 2025

### \$60/team Registration Fee

50/team if registered by April  $16^{th}$  – register early, space may be limited

#### All Proceeds Fund the Kai Paul Hrabovsky Memorial Scholarship

CFA is a 501(c)(3) nonprofit organization and contributions are tax deductible to the fullest extent permitted by law. CFA registration and financial information are available from PA Dept. of State by calling 1-800-732-0999. Registration does not imply endorsement.

Team Name:	
Team Captain Name:	
Captain's Address:	
Captain's Phone:	Captain's Email:

Roster (include captain) - designate at least three team members; one alternate permitted

Name	Phone	Phone		Age	Gender	T Shirt Size*
*T-Shirt sizes available are YM, YL, S, M, L, XL, XXL						
Age Divisions (circle one):	4 <sup>th</sup> -6 <sup>th</sup> grade	7 <sup>th</sup> -9 <sup>th</sup> grade	10 <sup>th</sup> -12 <sup>th</sup> grade 18 & older		ler	

Each division will have a men's and women's bracket, provided sufficient number of teams register

**OR** check here to play in the co-ed bracket

One bracket, ages 10th grade & older. Must have one male and one female player on the court at all times

#### ALL PLAYERS (AND A PARENT/GUARDIAN FOR EACH PLAYER UNDER 18) MUST SIGN THIS WAIVER:

I understand that by signing below, I acknowledge and assume the risks inherent in the 3 vs 3 basketball tournament and hereby relieve the Homer-Center School District, The Community Foundation for the Alleghenies, the Family of Kai Hrabovsky, and all tournament sponsors of any and all liability. Furthermore, I consent to my picture and video being taken while participating in the tournament and said images being used to promote current and future tournaments. I agree to adhere to good sportsmanship conduct and will play with respect.

Player's Signature:	Date:
Parent/Guardian Signature:	Date:
Player's Signature:	Date:
Parent/Guardian Signature:	Date:
Player's Signature:	Date:
Parent/Guardian Signature:	Date:
Player's Signature:	Date:
Parent/Guardian Signature:	Date:

#### Completed registration form and waiver with your check needs to be received by April 30<sup>th</sup>, 2025

Forms and payment can be dropped off at Homer-Center High School to Mrs. Cavalier or mailed to: Jennifer Ponish, 38 Cooper Avenue, Homer City, PA 15748

#### Checks should be payable to: Kai's Legacy

Registration fees are 501(c)3 contributions and are tax-deductible. Check here if receipt is needed  $\Box$ 

Questions or Concerns? Email: jenn@kaislegacy.org