



TEAM BASKETBALL REGISTRATION

***REGISTRATION ENDS MARCH 17, 2021**

Coach Name: _____ Team Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

TEXT #: _____ Email Address: _____

Emergency Contact: _____ Phone #: _____

Team Players:

Player names:

(Note: Each player will be required to have a completed and signed participation agreement/release.)

PERMISSION REQUEST

I hereby release RC3 from any and all liability of any kind of personal injury or property damage due to participation in this program. I certify that I am in good health and am able to participate in all activities. If any attention is required for illness or injury, I give my permission to a staff member for such care. I give consent for myself to be photographed or videotaped and for those images to be used by the RC3 in the future. I understand that the RC3 will attempt to make up time lost due to bad weather, however if time cannot be made up I understand that no refund will be provided.

The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is participating in Rc3 programs.

As such, and in consideration for program services to be provided by the Rc3, the undersigned fully assume all of the risks associated with participation in the program, including the possibility of COVID-19 (or the novel coronavirus) community spread.

I, _____, authorize RC3 to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to myself if an emergency occurs when emergency contact cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will make every effort to contact my designated emergency contact.

Please complete the following:

1. I/we will be responsible for payment of medical expenses.
2. Medical treatment costs are covered by: Insurance Company: _____ Policy #: _____

Signature of Coach

Date

For Office Use Only

Date: _____

Amount Paid: _____

Staff Initials: _____

March Madness Team BASKETBALL FEE: \$200/team

Rc3 accepts cash, checks, debit/credit card payments. Please make checks payable to Rc3.



FAN BAND ORDER FORM

Team Name: _____

Coach's Name: _____

Teams may purchase up to 4 bands per player/ coach. Limit: 40 bands/team

Bands are for all 3 days of tournament.

Bands are \$10 each.

Number of bands purchased @ \$10 each: _____

Total cost: _____

- Fans should wear masks and maintain 6' distance from other fans outside of their own household.
- Fans must abide by rules of conduct at all times.
- Fans will leave after game is over and will not arrive more than 5 minutes prior to game.

For Office Use Only

Date: _____

Amount Paid: _____

Staff Initials: _____



PLAYER RELEASE

Coach Name: _____ Team Name: _____
Player's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
TEXT #: _____ Email Address: _____
Emergency Contact: _____ Phone #: _____

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Please complete the following:

1. I/we will be responsible for payment of medical expenses.
2. Medical treatment costs are covered by: Insurance Company: _____
Policy #: _____

Signature of Player _____

Date _____

<p><u>*For Office Use Only*</u></p> <p><u>Date:</u> _____</p> <p><u>Amount Paid:</u> _____</p> <p><u>Staff Initials:</u> _____</p>
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