

# City of Ukiah

411 West Clay Street \* Ukiah, CA 95482 \* 463-6714

#### 2023 Slam Dunk Pizza 3-on-3 Hoop Tourney TEAM REGISTRATION & PAYMENT FORM



Sunday, October 15

| DIVISION (circle one): | Men's Open (16 & up) | 8th Grade & Under  |
|------------------------|----------------------|--|
| TEAM NAME:             |                      | \$20 per player Teams may have up to 5 players on roster |
| CAPTAIN'S NAME:        |                      | Minimum of 3 games Team & Individual Awards              |
| ADDRESS:               | CITY:                |  |
| PHONE:                 | E-MAIL:_             |  |

The Slam Dunk Pizza 3 on 3 tournament will be held at the downtown Ukiah Savings Bank parking lot at 200 N. School St. All teams must check in by 9am. The divisions will be: Men's Open (16 & older) and 8th Grade & Under Boys and Girls. If there is enough interest, other divisions may be added. All teams will be scheduled for a minimum of 3 games. There will be team and individual awards. Once signed onto a team, players may not change teams.

Please call (707) 463-6714 for questions or to register your team. Space may fill prior to tourney date.

### Three Easy Ways To Register & Pay Your Slam Dunk Pizza 3-on-3 Tourney Fees

#### By Mail:

Send a completed form and payment to: City of Ukiah SlamDunk Pizza Hoop Tourney 411 West Clay Street Ukiah, CA 95482

#### In Person:

Forms may be delivered directly to the City of Ukiah from 8:00am - 5:00pm, Monday – Friday 411 West Clay Street.

#### By Phone:

Call us to reserve your spot and pay day of! (707) 463-6714

## RELEASE FROM LIABILITY AND INDEMNIFICATION THIS REGISTRATION FORM IS INVALID UNLESS IT IS SIGNED

#### Please Read and Sign

In consideration of the acceptance of my application for entry into the above stated recreation activity(ies), I hereby waive, release, and discharge any and all claims for damages for personal injury or property damage or losses, expenses, including reasonable attorney fees, which I may have or which may hereafter accrue to me, against the City of Ukiah as a result of my participation in the activity(ies). This release is intended to discharge the City of Ukiah, its officers, officials, employees, instructors, agents, and volunteers, from and against any and all liability arising out of or connected in any way with my participation in the activity(ies) even though that liability may arise out of the negligence or carelessness on the part of other persons. I further understand that accidents and injuries can arise out of the activity(ies), knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the City of Ukiah and all of the persons mentioned above who might otherwise be liable to me or my heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risks is to be binding on my heirs and assigns.

I, the undersigned or parent/guardian of the individual named below do hereby agree to allow the individual named herein to participate in the aforementioned activity, and I further agree to indemnify and hold harmless the City of Ukiah and its instructors, agents, officers and employees from and against any and all liability resulting in injury associated with that individual's participation in this activity(ies). I/We agree to allow use of my/our photograph for program publicity. I/We read and agree to the registration and program policies. I have read and understand the previous paragraphs.

| 1) Name:    |             | Signature           |   | Date |
|-------------|-------------|---------------------|---|------|
| ,           |             |                     | Parent's Signature Required if Under 18 |      |
| Home Phone: | Cell Phone: | Address:            | City:                                   | Zip: |
| 2) Name:    |             | Signature _         | Parent's Signature Required if Under 18 | Date |
|             |             |                     | City:                                   |      |
| 3) Name:    |             | Signature _         | Parent's Signature Required if Under 18 | Date |
|             |             |                     | City:                                   |      |
| 4) Name:    |             | Signature _         | Parent's Signature Required if Under 18 | Date |
|             |             |                     | City:                                   |      |
| 5) Name:    |             | Signature _         | Parent's Signature Required if Under 18 | Date |
|             |             |                     | City:                                   |      |
|             |             | cial Use Only: Meth | od:                                     |      |