

MARCH "RAIDER" MADNESS

3-on-3 Basketball Tournament

DIVISIONS*

Elementary School		Middle School		High School		Post High School	
<input type="checkbox"/>	4 th Grade Girls	<input type="checkbox"/>	6 th Grade Girls	<input type="checkbox"/>	9 th & 10 th Grade Boys	<input type="checkbox"/>	"Varsity" Division
<input type="checkbox"/>	4 th Grade Boys	<input type="checkbox"/>	6 th Grade Boys	<input type="checkbox"/>	High School Boys Open Division-11 th & 12 th Gr.	<input type="checkbox"/>	"Intramural" Division
<input type="checkbox"/>	5 th Grade Girls	<input type="checkbox"/>	7 th Grade Girls	<input type="checkbox"/>	9 th & 10 th Grade Girls	<input type="checkbox"/>	35 and Over
<input type="checkbox"/>	5 th Grade Boys	<input type="checkbox"/>	7 th Grade Boys	<input type="checkbox"/>	High School Girls Open Division- 11 th & 12 th Gr.	<input type="checkbox"/>	45 and over
		<input type="checkbox"/>	8 th Grade Girls				
		<input type="checkbox"/>	8 th Grade Boys				

*All players can only play in their current level gender division. No "playing up" or "Down"...no mixed teams

TEAM ROSTER: Minimum 3 to Maximum 5 Players

TEAM NAME:

TEAM E-Mail:

****REQUIRED**

• Please print (in black ink) names and specify T-shirt size as follows: **Adult Sizes - M, L, XL, XXL**

1. Player Name: _____ Phone No.: _____ **T-Shirt size:** _____

Address: _____ City: _____ Zip Code: _____

2. Player Name: _____ Phone No.: _____ **T-Shirt size:** _____

Address: _____ City: _____ Zip Code: _____

3. Player Name: _____ Phone No.: _____ **T-Shirt size:** _____

Address: _____ City: _____ Zip Code: _____

4. Player Name: _____ Phone No.: _____ **T-Shirt size:** _____

Address: _____ City: _____ Zip Code: _____

5. Player Name: _____ Phone No.: _____ **T-Shirt size:** _____

Address: _____ City: _____ Zip Code: _____

Contact person: _____ *(Person to receive information by e-mail and to be responsible to communicate with all team members game time information and rules and regulations)*

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ **Verify E-Mail address: _____

****REQUIRED**

(Type or print legibly)

Make checks payable to: **Glenbard South Booster Club**

NO REGISTRATION ACCEPTED AFTER Tue March 9.

Mail to: Nancy Schlegel / 3 on 3 Basketball
582 Harding Ave.
Glen Ellyn, IL 60137

Questions: Call Nancy Schlegel: Home # (630) 790-9251
or nschlegel@wowway.com

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MARCH RAIDER MADNESS

3 ON 3 BASKETBALL TOURNAMENT

WAIVER

Team Name: _____

Grade: _____

Print Player Name: _____

Age: _____

Waiver in consideration of this entry, I hereby for myself, heirs, executors, and administrators, waive any and all claims I may have for damages against Glenbard South Boosters, Its agents, directors, officers, and all individuals associated with the event, their representatives, successors and assigns for any and all injuries suffered by me in connection with this event. If I am not 18 years old by the day of the event, consent has been given by a parent or guardian with their signature on this waiver form.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS AGREEMENT INCLUDES A WAIVER OF LIABILITY.

Signature of Participant

Date

IF PLAYER IS A MINOR:

Signature of Parent

Date

Print Name of Parent or Guardian: _____