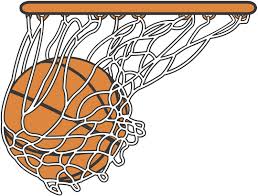
**MDP SECOND ANNUAL 3 on 3 SUMMER BASKETBALL TOURNAMENT**

*Bring it!*

[](http://www.google.com/imgres?imgurl=http://www.chs.k12.ok.us/pages/uploaded_images/basketball-ball-in-net.jpg&imgrefurl=http://www.chs.k12.ok.us/vnews/display.v/SEC/Athletics|Junior%20High%3e%3eBasketball&h=570&w=750&tbnid=2GdyzrIOpDG9lM:&zoom=1&docid=urWf1ObXrwltvM&ei=nKrjU4bfNYqbyASjs4DABg&tbm=isch&ved=0CHEQMyg1MDU&iact=rc&uact=3&dur=1411&page=4&start=49&ndsp=23)

WHEN: August 13\*, 14\*, 16 & 17 Games Start at 1pm 8/13 & 8/14, 6 pm 8/16 & 8/17

\*-Games on 13th & 14th depend on number of teams registered.

WHERE: Mother of Divine Providence Parish Carnival - 333 Allendale Road, King of Prussia

COST: $25 per team

DIVISIONS: (Check One): GIRLS \_\_\_\_\_\_\_\_\_\_ BOYS\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5th/6th Grade \_\_ 7th/ 8th Grade\_\_ HS\_\_\_\_\_\_\_

FORMAT:

-Day 1 of play is “Round Robin” and determines seeding.

-Day 2 of play is Championship Round (Double Elimination)

-Teams may have up to 6 players on their roster. Roster is set at Round Robin level.

-Teams must compete in the Round Robin first round in order to compete in the Championship Round

-Rules and start times may vary to accommodate the number of teams registered.

-Each team must have an adult “coach” or supervisor present for all games.

-The attached waiver must be signed by a parent for each participant.

-Girls and/or mixed teams may play in Boy’s division.

-Division levels are for rising grades, i.e. a player beginning 7th grade this Fall is in the 7th grade division.

TEAM NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| Player Name | Grade | Telephone Number |  |  |
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To reserve your team’s place in this great tournament, please submit this form to Ed Campbell at:

Fax: (610) 337-5599 or via email at [ecampbell@campbellroccolaw.com](mailto:ecampbell@campbellroccolaw.com)

For questions, please call: Ed Campbell at 610 457 9813.

**RELEASE AND WAIVER FOR**

**MOTHER OF DIVINE PROVIDENCE**

**SUMMER CARNIVAL**

**3 on 3 Basketball Tournament**

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade as of 9/1/16\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, as parent or guardian of the aforementioned child, hereby give my approval to his or her participation in the Mother of Divine Providence Carnival and 3 on 3 Basketball Tournament and any and all of the activities of this program (the “Program”). I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the Program. I do further hereby release, absolve, and hold harmless the Archdiocese of Philadelphia, Mother of Divine Providence Parish, its CYO program, its Athletic Association, its affiliated CYO parishes, its supervisors, organizers, volunteers, referees and coaches (collectively, “MDP”) from any claims for injury arising out of my child’s participation in the Program. In case of injury to my son or daughter, I hereby waive all claims against MDP or anyone appointed by them. I assume responsibility for all medical payments. I agree that I have medical insurance that covers my son or daughter.

In my absence, I hereby give permission for my child to be treated in the event of a medical emergency, and have read, understood, and agree to the above waivers as evidenced by my signature below.

I consent and hereby grant MDP the right to take photographs of me or my child ( or person for whom I am legal guardian) in connection with this program. I understand that this photograph and/or other digital reproduction may be utilized for all publication processes, whether electronic, print, digital or electronic publishing via the Internet. I understand that neither I nor my child will receive payment from any party. By agreeing to this release, I confirm that this consent has been explained to me in terms which I understand.

SIGNATURE OF PARENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_