PLAYER CHANGE/ADD FORM

OFFICIAL USE ONLY

PRINT CLEARLY IN BLAC	CK OR BLUE INK.		
¥1. TEAM NAME		TEAM NUMBER	
CAPTAIN'S NAME		CAPTAIN'S PHONE	
¥ 2. DELETE PLAYER	S (LEAVING THE TEAM)		
PLAYER 1 NAME		PLAYER'S PHONE	
PLAYER 2 NAME		PLAYER'S PHONE	

[₩]3. ADD PLAYERS (JOINING THE TEAM)

PLAYER 1 INFORMATION First Name: Last Name: Address: Apt: City: State: Zip: Day Phone: Night Phone: Email: Birth Date: Age on 7/8/2017: (MM/DD/YY) F Height: ft. in. Gender: M (PLEASE MEASURE) grade in September 2017. I will be entering the

CHECK EACH BOX OF YOUR PLAYING EXPERIENCE:

No experience	High school junior varsity				
Recreational Youth Team	☐ High school varsity (< 500 students)				
Junior high/middle school	☐ High school varsity (> 500 students)				
Competitive Youth Teams (i.e.: AAU)	Adult league or college intramurals				
High school freshman	College Professional				
How many times did you practice or play pick-up or organized games in the past 12 months? None (<5 times) Some (5-25 times) A Lot (>25 times)					
Rate yourself as a player on a scale of 1 to 10 in comparison to your age					
group, with 10 being the best (circle or	ne): 1 2 3 4 5 6 7 8 9 10				
T-SHIRT SIZE: YOUTH					
ADULT S M	L 🗌 XL 🗌 XXL 🗌 XXXL				
SIGNATURES: (please read "Release and Volu	untary Waiver" and Sportsmanship Pledge)				

Player: ____

SHHKSHN TOURNAMENT

Parent/Guardian:

(Player AND parent/guardian signatures required if player is under 18.)

PLAYER 2 INFORMATION

First Name:		
Last Name:		
Address:		
		Apt:
City:		
State:		Zip:
Day Phone:		
Night Phone:		
Email:		
Birth Date: (MM/DD/YY)		Age on 7/8/2017:
Height:		n. Gender: M F
	(PLEASE MEASURE) I will be entering the	grade in September 2017.
HECK EACH BO	X OF YOUR PLAYING	EXPERIENCE:
No experience High school junior varsity Recreational Youth Team High school varsity (< 500 students)		
High school free	· · · _	College Professional

How many times did you practice or play pick-up or organized gan	nes
in the past 12 months? 🗌 None (<5 times) 🗌 Some (5-25 times) 🗌 A Lot (>25 t	imes)

Rate yourself as a player on a scale of 1 to 2	10 i	n co	omp	bari	son	to	you	r ag	ge (
group, with 10 being the best (circle one):	1	2	3	4	5	6	7	8	9	10

T-SHIRT SIZE:	YOUTH VL
	ADULT S M L XL XXL XXXL
SIGNATURES:	(please read "Release and Voluntary Waiver" and Sportsmanship Pledge)

Player:

С

Parent/Guardian: .

(Player AND parent/guardian signatures required if player is under 18.)

SPORTSMANSHIP PLEDGE I realize and accept that I am responsible for the conduct of myself, my teammates and my fans. If I or any person associated with my team fails to behave in a sportsmanlike manner, I realize that I, my team and our fans may be ejected from the tournament and asked to leave the site and not return.

4. PAYMENT INFORMATION

PLAYER 1 FORM OF PAYMENT

Check or money order	🗌 Visa 🗌 MasterCard
Card #	Expiration Date: MMYY
Name on Card:	
Signature:	
Cardholder phone number: () –
PAYMENT SUMMARY: \$10 per ch \$20 after J Make checks or money orders	
	nrise Rotary • P.O. Box 2652 • Pasco, WA 99301

PLAYER 2 FORM OF PAYMENT
Check or money order
Card # Expiration Date:
Name on Card:
Signature:
Cardholder phone number: ()
PAYMENT SUMMARY: \$10 per change required in advance, \$ \$20 after July 3, 2017
Make checks or money orders payable to: Tri-Cities Sunrise Rotary Mail your entry to: Tri-Cities Sunrise Rotary • P.O. Box 2652 • Pasco, WA 99301
REFUND POLICY: No refunds granted for team registration entries.

RELEASE AND VOLUNTARY WAIVER

This Voluntary Waiver and Release Agreement ("Agreement") is hereby executed by the undersigned, or if the undersigned is under the age of 18 years, then the undersigned's parent or legal guardian, together with any heir, successor, representative or assign (collectively "Participant"), in favor and for the sole and exclusive benefit of the Organizers (as defined herein). In connection with Participant's involvement in a contest, promotional activity or in any other event which may take place at See 3 Slam which involves the use of John Dam Plaza and George Washington Way or any of the streets or facilities at See 3 Slam in Richland by Participant including, without limitation, the 3-on-3 basketball tournament (collectively "Event"), Participant hereby agrees and acknowledges to Tri-Cities Sunrise Rotary and the City of Richland any of the respective Event sponsors or promoters, including, without limitation, all charities benefiting from the Event, individually and collectively, together with each of their respective affiliates, officers, employees, partners, shareholders, members, board members, sponsors, volunteers, tenants, contractors, agents, successors and assigns (collectively "Organizers"), that a strenuous activity, such as basketball, is potentially hazardous, and Participant hereby assumes all risks associated with participating in the Event, including, without limitation, falls, contact with other participants, the effects of weather and the condition of playing surfaces. Furthermore, Participant expressly and unconditionally assumes all risks and dangers known or unknown, foreseen or unforeseen, and relating or incidental to Participant's involvement in the Event and any activity associated therewith. Participant hereby releases, forever discharges and holds harmless the Organizers from and against any and all claims, damages, liabilities, costs and expenses, including, without limitation, death, personal injury or property damage of any kind or nature, arising out of or relating to Partic

GENERAL INFORMATION

Player changes or additions may be made prior to See3Slam in order to add a fourth player, replace a player who has been injured, or for other similar reasons. Player changes/additions may only be made by the designated Team Captain **until 8:00 a.m. on Saturday, July 8, 2017**. Incomplete Player Change/Add forms (including those without payment) will not be processed. Teams found using a player who has not been officially added to the team will be immediately disqualified.

- Through June 25, a player change/addition may be made regardless of the heights, ages, grades or playing experiences of the other team players.
- After June 25, any new or replacement player must fit the team profile: the new player may not be taller than the tallest team player or younger than the youngest team player. Playing experience should also match that of the deleted player. See3Slam reserves the right to reject any player change or addition which does not fit the team profile and bracket as determined by See3Slam representatives.
- Each See3Slam team must have a minimum of three or a maximum of four members.
- Only the designated Team Captain may submit a Player Change/Add form.
- Payment MUST accompany all Player Change/Add forms.
- Any Player Change/Add form submitted via fax must include a Credit Card number to be processed. Please include the expiration date.
- Each player change or addition made through Monday, July 3, 2017 will incur a \$10 Fee.
- Each player change or addition made July 4-8, 2017, will incur a \$20 Fee.

DEADLINES

TOURNAMEN

Through June 25, 2017 (\$10 Fee per change/add):

Player changes/additions of any sort (see General Information above) will be accepted in the office by mail, email, or fax.

June 26 - July 3, 2017 (\$10 Fee per change/add):

Player changes/additions fitting the team profile (see General Information above) will be accepted in the office, by mail, email, or fax.

July 4 - July 6, 2017 (\$20 Fee per change/add):

Player changes/additions fitting the team profile (see General Information above) will be accepted in the office via email or fax.

July 7 - 8, 2017 (\$20 Fee per change/add):

Player changes/additions fitting the team profile (see General Information above) will be accepted at Team Check-In Site at Richland Red Lion.

July 8, 2017 from 7:00 a.m. - 8:00 a.m. (\$20 Fee per change/add):

ALL PLAYER CHANGES MUST BE MADE PRIOR TO 8:00 A.M. SATURDAY, JULY 8, 2017

Player changes/additions fitting the team profile (see General Information above) will be accepted at Team Check In Site at Richland Red Lion.

CONTACT INFORMATION

Mailing address:

Tri-Cities Sunrise Rotary Charity/Club P.O. Box 2652 Pasco, WA 99301 Questions? Contact: Phone: (509) 551-0969 Fax: (509) 943-1730 Email: contact@see3slam.com For additional information, visit: www.see3slam.com