## 3 on 3 Basketball Tournament Registration Saturday, July 15, 2023

Please circle the correct division:
$\begin{array}{lll}\text { Girls grades 7/8 } & \text { Girls High School gr. 9-12 } & \text { Women's Open age 18-older } \\ \text { Boys grades 7/8 } & \text { Boys High School gr. 9-12 } & \text { Men's Open age 18-older }\end{array}$
Team Name:
Roster: Minimum of 3 players Maximum of 5
Player 1 $\qquad$ Phone $\qquad$
Player 2 $\qquad$ Phone $\qquad$
Player 3 $\qquad$ Phone $\qquad$
Player 4 $\qquad$ Phone $\qquad$
Player 5 $\qquad$ Phone $\qquad$

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* Entry fee: $40.00
Brackets and games played dependent upon teams entered
Awards for Championship and Consolation winners
> Entry deadline: July 8, 2023
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## Make checks payable to: Ashland Area Chamber of Commerce

Return entry form \& payment to: Ashland Chamber of Commerce, 1716 Lake Shore Drive West/ PO Box 746, Ashland, WI 54806 Athlete's Release:

Warning: Participating in the Bay Days 3 on 3 Basketball can be a serious threat to health of individuals who are not in excellent physical condition. For, and in consideration of, my participation in the Bay Days 3 on 3 Basketball, I myself, my executors, administration, heirs, and assignees do hereby release and discharge Ashland County, the City of Ashland, Ashland Chamber of Commerce and all sponsors, agencies, subsidiaries, affiliates, volunteers and beneficiaries jointly and severally and hold and waive harmless from and against any and all actions, claims, injuries, demands, liabilities, loss damage or expenses of whatever kind and nature including, but not limited to, attorney fees which at any time may be incurred by reason of my participation in or my preparation for any of the aforesaid events. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate. If however, as a result of my participation in Bay Days 3 on 3 Basketball, require medical attention, I hereby give my consent to authorized medical personnel of Bay Days 3 on 3 Basketball to provide such medical care as is deemed necessary by such authorized personnel. The undersigned grant full permission to any and all of foregoing use to his/her likeness, including photographs and videotape for publicity and advertising purposes without compensation.

Signature: $\qquad$
Parent's Signature (if applicable): $\qquad$

