



Age: 15 and +
Basketball
ICI Girls Tournament
July 24-28th 2021

Registration Form

Individual Player and Parents Information \$15 /Player/ - Scholarship available

Player Name: _____ **Age :** _____

Parent's Name: _____ **Email:** _____

Emergency Contact: _____

Medical Information

Please list below any medical conditions and/or allergies that you think we should know about

Consent and Liability Waiver - Release of all claims (must be signed to participate)

I, _____ (parent/guardian), am the parent or legal guardian of
_____ (minor child). As lawful Consideration for my minor child being permitted to participate
in the ICI sports activities for kids and youth

I agree that neither my minor child nor I will make a claim against, ICI

**SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY
OCCUR DURING SUCH SPORTING**

**ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN
SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE
THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY**

AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS ICI,

**I Attest that I am eighteen (18) years old or older and that my child is physically fit and has no known medical conditions
which prohibit participation in this sport.**

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE
THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN
MYSELF, MY CHILD AND organizers, I HAVE SIGNED IT OF MY OWN FREE WILL. I also agree that tournaments
organizers may share my child's photograph or video with community members.**

Parent Signature: _____

Print Name: _____ **Date:** _____