

# March Madness 3-on-3

## Tournament Information

(Please read all information before signing form)

Twelve divisions. Four players per team. Double Elimination Tournament. *(Round Robin for divisions under 5 teams.)* Bring your best game and come enjoy the fun!

Date: Thursday, March 17<sup>th</sup>; Friday, March 18<sup>th</sup>; and Saturday, March 19<sup>th</sup>

Place: Apple Athletic Club  
2030 Jennie Lee  
Idaho Falls, ID 83404

Fees: Team Fee \$100

Schedule: Starting times will be available after 6 p.m., Wednesday, March 16<sup>th</sup>

Players: This is an open tournament. Pick your best 4 players—as long as they qualify.

Registration: Entries must be received, with payment by March 14<sup>th</sup> to avoid penalty. Each bracket is limited as to the number of teams which can participate, so sign up now. No refunds after deadline, financial commitments will have been made.

Divisions: Open—men and women (over 18)  
40 and over  
6 feet and under (will be measured!)  
High school boys—current  
High school girls—current  
9<sup>th</sup>, 8<sup>th</sup>, 7<sup>th</sup>, 6<sup>th</sup>, 5<sup>th</sup>, 4<sup>th</sup> Grades  
Each grade separate (current)  
Apple reserves the right to combine grades and genders if needed.

**For More Information:** Contact Apple Athletic Club at 529-8600, or appleathleticclub.com. Participants must have valid driver's license or other ID with picture available throughout entire tournament.

### Team Information

Team Name: \_\_\_\_\_

(circle one)

A. Open Men

B. Open Women

C. 40 and over

D. 6 feet and under

E. High School Boys

F. High school girls

G. 9th grade

H. 8th grade

I. 7th grade

J. 6th grade

K. 5th grade

L. 4th grade

### Team Captain

Name-Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Age \_\_\_\_\_ Shirt size \_\_\_\_\_ Please check one: Adult\_\_ Youth\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

(I have read this entry form and agree with all terms and conditions)

Name-Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Age \_\_\_\_\_ Shirt size \_\_\_\_\_ Please check one: Adult\_\_ Youth\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

(I have read this entry form and agree with all terms and conditions)

Name-Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Age \_\_\_\_\_ Shirt size \_\_\_\_\_ Please check one: Adult\_\_ Youth\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

(I have read this entry form and agree with all terms and conditions)

Name-Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Age \_\_\_\_\_ Shirt size \_\_\_\_\_ Please check one: Adult\_\_ Youth\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

(I have read this entry form and agree with all terms and conditions)

**Sponsorships and Prizes:** We have some awesome sponsors who have really gone out of their way to help make this event not only successful, but also the **only one of its kind!** We hope that we have given the opportunity, all of you would go out of your way to support all of these fine sponsors. We will have prizes for the winners of all of the events. Enjoy the tournament and give it your **“best shot”**.

**WARNING/ INJURY RELEASE**

Being in sound mind and of my own will, I realize that participating in this basketball tournament may cause damage to my health. Therefore, realizing this statement to be true and still choosing to participate in this tournament, I do for myself, my heirs, executors, administrators, and assignees, waive and discharge any and all rights and claims for damages, losses or injuries I may have against Apple Athletic Club. I further waive any sponsor, co-sponsor, or contributor to the event from any and all liability for all injuries or damages which may be suffered by me in connection with my participation in this event.

I also grant permission to any and all to use photographs, video tapes, motion pictures, and recordings of me or my likeness for any purpose.

*All minor participants will be required to have both their's and their parent's signature on this application/waiver release*

1.) Player / A) Parent's Signature to Above

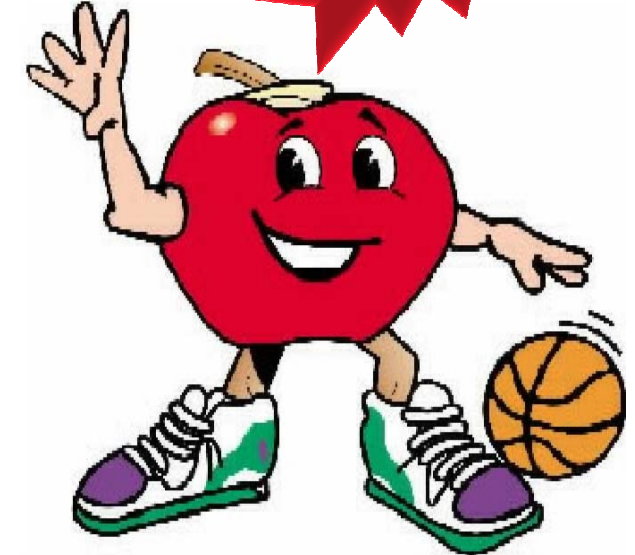
1) \_\_\_\_\_  
 A) \_\_\_\_\_  
 2) \_\_\_\_\_  
 B) \_\_\_\_\_  
 3) \_\_\_\_\_  
 C) \_\_\_\_\_  
 4) \_\_\_\_\_  
 D) \_\_\_\_\_



Vernon Gaffner  
 THE CENTER for COSMETIC DENTISTRY



**12th Annual  
 March Madness  
 3-on-3**



**Basketball Tournament  
 March 17th-19th 2011**