



**Herndon
United
Methodist
Church**
Mar 10, 2018
@ 8am

Team Name: _____

Team Point of Contact _____

Email _____

All One Division: Open Co-ed (7th grade and up)
Mail registration form with full team payment of \$100 to Herndon UMC, 701 Bennett St, Herndon, VA 20170 (Attn: HUMC 3 on 3), before March 8. Your contribution of \$100 is fully tax deductible because Herndon United Methodist Church has provided no goods, services or other items of value in return for your contribution.
EVERY PARTICIPANT or PARTICIPANT GUARDIAN MUST READ THIS WAIVER FORM AND SIGN IN THE APPROPRIATE SPACE FOR YOUR CHILD. SIGNATURES ON THE REGISTRATION FORM SIGNIFY UNDERSTANDING AND ACCEPTANCE.
By signing, I am granting my child permission to play in the HUMC 3 on 3 Tournament sponsored by Herndon United Methodist Church. I understand there are risks associated with my child's participation in this tournament and its related events. I release and discharge Herndon United Methodist Church's officers, members and volunteers from all action, suits, and demands whatsoever in law or in equity including but not limited to the risk of injury from playing in the events and risk of personal property by theft or otherwise.
The participant agrees to play by the rules of the tournament and understands that event officials reserve the right to eject players from the game and/or church property due to rowdiness or disrespectfulness without refunds paid.
For Administrative Use Only: Fees Paid _____ Check #(s) _____

Player 1	Name	Email		
	Address	City	State	Zip
	Home Phone #	Emergency Phone #		
	DOB	School/Grade	Circle T-shirt Size YM YL AS AM AL AXL	
	Participant Signature	Parent/Guardian Signature		

Player 2	Name	Email		
	Address	City	State	Zip
	Home Phone #	Emergency Phone #		
	DOB	School/Grade	Circle T-shirt Size YM YL AS AM AL AXL	
	Participant Signature	Parent/Guardian Signature		

Player 3	Name	Email		
	Address	City	State	Zip
	Home Phone #	Emergency Phone #		
	DOB	School/Grade	Circle T-shirt Size YM YL AS AM AL AXL	
	Participant Signature	Parent/Guardian Signature		

Player 4	Name	Email		
	Address	City	State	Zip
	Home Phone #	Emergency Phone #		
	DOB	School/Grade	Circle T-shirt Size YM YL AS AM AL AXL	
	Participant Signature	Parent/Guardian Signature		