

# “Classic for the Cure”

## 3 on 3 Basketball for Adults and Teens

**Date: SAT. 04/04/09**

**Location: Century High School  
355 Ronsdale Rd.  
Eldersburg, MD 21784**

### Prizes

T-shirts for all players  
Trophies for 1st and 2nd place teams

Sponsored by the Linton Springs PTA  
Proceeds will benefit:  
-The Breast Center in Carroll County  
-The Bankus and Alderman Families

**Adult Tournament (ages 18 and older)**

8:30am-1pm

**Teen Tournament (ages 14-17)**

1:30pm - 4:30pm

**MUST Register by:**  
03/20/09

#### Registration and entry fees:

- Registration form MUST be received on or before 3/20/09. Same day registration will not be accepted.
- Minimum \$20 donation required per person (from sponsors or self). May send money prior to game day OR you may deliver to check-in table on game day.



Fax registration to:  
(410)751-3285  
OR  
Mail registration form to:  
Angie Zepp  
2680 Halter Rd.  
Westminster, Md. 21158  
OR  
Email reg. info. to: **Contact #**  
amzepp@k12.carr.org (410)346-6533  
(410) 259-2546

#### **GUIDELINES:**

1. 3-5 players per team. (At least one substitute is recommended). Coed, All male, or All female teams are accepted.
2. You must register as a team.
3. Include a team name and names of all players.
4. You must read and sign the attached waiver. Players 18 and under still in high school require a parent signature.
5. Adult Tournament- for ages 18 years and older.
6. Teenage Tournament - for ages 14-18 years old.
7. You will be playing timed 3 on 3 half-court games in round robin and elimination style.

**If sending sponsorship money in advance, make checks payable to:  
Linton Springs Elementary PTA**

**Please circle one:    Adult Tournament    Teen Tournament    Please circle one:    All male team    All female team    Coed**

|                               |                               |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| (Player 1 - captain)          | (Player 2)                    | (Player 3)                    | (Player 4 )(optional)         | Player 5 (optional)           |
| Address                       | Address                       | Address                       | Address                       | Address                       |
| Phone and email               | Phone and email               | Phone and email               | Phone and email               | Phone and email               |
| T-shirt: S   M   L   XL   XXL | T-shirt: S   M   L   XL   XXL | T-shirt: S   M   L   XL   XXL | T-shirt: S   M   L   XL   XXL | T-shirt: S   M   L   XL   XXL |

**Waiver: YOU MUST READ AND SIGN THE ATTACHED WAIVER. If possible, please mail along with this registration form. Otherwise, your signature is required at check in. Parent signature required for minors.**

**TEAM NAME**

**Read and Sign this Waiver and RELEASE OF LIABILITY INDEMNIFICATION**

**If registrant is a minor (18 and under and still in high school), this waiver / release must be signed by a parent or guardian. In applying for registration in the program and facility, the following must be endorsed:**

1. I agree on behalf of *myself / minor named below* to release and discharge the Linton Springs Elementary School PTA, its officers, representatives, and volunteers from any and all liability and claims arising out of or in any way connected with any program being operated by the Linton Springs Elementary School PTA Classic for the Cure Round Robin Basket ball fundraising event.
2. The *applicant or parent / guardian of applicant if participant is 18 or under and still in high school* hereby assumes all risks of injuries or damages which might occur as a result of participation in the program of the Linton Spring's PTA Classic for the Cure Round Robin Basket ball fundraising event.
3. I agree on behalf of *myself / minor named below* to abide by the regulations for operation of the facility used for the program and regulations for the registered individual activity. I agree to refrain from abusive language and behavior and will conduct myself appropriately.
4. I further agree to indemnify and save harmless the Linton Spring's Elementary School PTA, its officers, representatives and volunteers from any and all liability that may occur to *myself or the minor named below* in the program of the Linton Spring's PTA Classic for the Cure Round Robin Basketball fundraising event. This indemnification is to include and it not necessarily limited to any and all cost of litigation, medical expenses, and judgment or subrogation interests.

All participants must sign this WAIVER AND RELEASE OF LIABILITY prior to participation. A parent or guardian must also sign this WAIVER AND RELEASE prior to the event if participant is 18 or under and still in high school. The Linton Spring's Elementary School PTA and its officers assume no liability for injuries that may be suffered as a result of participation in these activities.

If you have read and signed and agree to the Waiver and Release of Liability, fill out the registration form to include all necessary information, (name, address, telephone number, etc.)

**I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF THIS WAIVER / RELEASE**

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Player 1)  
Player Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/ Guardian Signature - if participant is a minor \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Player 2)  
Player Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/ Guardian Signature - if participant is a minor \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Player 3)  
Player Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/ Guardian Signature - if participant is a minor \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Player 4)  
Player Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/ Guardian Signature - if participant is a minor \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Player 5)  
Player Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/ Guardian Signature - if participant is a minor \_\_\_\_\_ Date \_\_\_\_\_

If mailing money in advance, make your check payable to L.S.E. PTA.. Mail to: Angie Zepp, 2680 Halter Rd. Westminster, MD. 21158