



Tiger Pride Tournament



March 11 – 12, 2017

Boys & Girls 3rd, 4th, 5th, 6th, 7th, & 8th Grade
Prizes will be given for 1st & 2nd place teams in each division!

- Great Facilities:** Edwardsville High School
Liberty Middle School
Lincoln Middle School
Cassens Elementary School
- Games:** 3 Game Guarantee
Experienced Officials
Register at: <http://www.tourneymachine.com/R23896>
- Cost:** \$175 / team, payable online at registration
- Contact:** Eric Stopka
tigersbasketball@thestopkas.com

Thank you for supporting Edwardsville High School Tigers Basketball!
www.edwardsvilletigersbasketball.com

2017 Scott Credit Union Tiger Pride Basketball Tournament Waiver

March 11-12, 2017 - Edwardsville, IL

Team Name: _____ Division (please circle): Boys 4th 5th 6th 7th 8th
 Girls 4th 5th 6th 7th 8th

Coach: _____ Email: _____ Cell #: _____

Mailing Address:

<i>Players Name (Printed)</i>	<i>Jersey #</i>	<i>Current Grade</i>	<i>Date of Birth</i>	<i>Parent/Guardian Signature</i>

Medical Waiver & Release of Liability

This form must be signed by the parent/guardian of each player before the player is eligible to participate in the tournament.

I, the above signed, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency for the above player/players. I, the above signed, in consideration of the players participation in the Tiger Pride Tournament, intending to be legally bound, do hereby ourselves, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to our persons or property arising out of the above players performance or failure of performance from the Tiger Pride Tournament, their agents, representative, and successors and assigns.

As Coach/Team Representative of (team name) _____, I certify that the information within is correct to the best of my knowledge. I understand should a protest arise concerning the eligibility of any players participating on my team, that it will be necessary that proper documentation (i.e. Birth Certificate, Report Card) be made available verifying the players eligibility in the age group in which that player is participating. It is understood that should one of my players be found ineligible, that the player will not be able to continue participating in the tournament. I understand that the team I represent is responsible for proof of insurance coverage.

Coach (Print name) _____ Date _____

Signature _____

Weather Refund Policy: In the event that the minimum three games are not played, due to weather cancellations per school district policy, teams will be refunded a pro-rated amount of their paid entry fee, less a \$30 administrative fee.

Please send completed form to: Tiger Pride Basketball Tournament, PO Box 231, Edwardsville, IL 62025