



**Triple Crown 5-on-5 Registration/ Waiver Form**

**Please Print**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone

Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Emergency Contact Information**

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

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Liability Waiver**

I hereby waive any and all claims of liability or damages that I may have, or that I might claim to have, against Alliance for Family Hope and/or The City of Maple Heights their agents, volunteers, contractors, assigns, designees, and employees for any injuries, or conditions that I may experience as a result of participating in the Basketball tournament. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

Signature \_\_\_\_\_

Parent/Lawful Guardian (If under 18 years old) \_\_\_\_\_

