



Team Lead Name

First Name

Email

Alt Lead Last Name

First Name

Email

Address

City

State

Zip Code

Emergency Contact

## Cost \$60 per Team

Pay online at:

<http://www.alliancefamilyhope.org/stafford-park-summer-program/> or

<http://bit.ly/5on5RegistrationFee>

Pay in person at:

Hope Alliance Bible Church 5050 Stanley Ave Maple Heights, Ohio 44137

Emergency Phone Number

### Team Member Names

Name	<input type="text"/>	CE ^	<input type="text"/>	Ú@ } ^Ä	<input type="text"/>
Name	<input type="text"/>	CE ^	<input type="text"/>	Ú@ } ^Ä	<input type="text"/>
Name	<input type="text"/>	CE ^	<input type="text"/>	Ú@ } ^Ä	<input type="text"/>
Name	<input type="text"/>	CE ^	<input type="text"/>	Ú@ } ^Ä	<input type="text"/>
Name	<input type="text"/>	CE ^	<input type="text"/>	Ú@ } ^Ä	<input type="text"/>
Name	<input type="text"/>	CE ^	<input type="text"/>	Ú@ } ^Ä	<input type="text"/>

Each team is allowed a 6th man as a substitute.

### Liability Wavier:

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 its' 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.

### Permissions/Signature

By signing this form you give express permissions for your child/children to participate in the Triple Crown 5 on 5 Basketball tournament. at the Stafford Park Summer Program. You also give permission for your child's photo to be used in information regarding the Stafford Park Summer Program.

<input type="text"/>	<input type="text"/>
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For Office Use:

Payment Received: Yes \_\_\_\_\_ No \_\_\_\_\_ Submitted Online \_\_\_\_\_