



1st Annual Nativity of Mary 3-on-3 Basketball Tournament

**Saturday, February 9: 8 am-6 pm
Nativity of Mary School, 8550 Main Street at Harris Hill,
Williamsville, NY**

Who can play?

Current students * Parents * Teachers* Alumni * Parishioners * Members of the Community!

Form your teams of 4 players of similar skill.

Brackets will be formed once we receive all the entries.

Two game minimum.

LIMITED SPACES ARE AVAILABLE—REGISTER SOON!

What's it cost?

Cost is \$40 per team

All proceeds benefit Nativity of Mary School.

Sign up your team now!

**FOR APPLICATION FOR THE 3-on-3 TOURNAMENT,
visit nativityofmaryschool.org>HSA>3-on-3
or pick up an entry form from the school office
or the Gift Card Table in church after all Sunday Masses**

PIZZA – DRINKS – SNACKS will be available

50-50 Tickets Available

WE MUST RECEIVE REGISTRATION BY JANUARY 16, 2019

SIGN-UP/APPLICATION FOR
Nativity of the Blessed Virgin Mary
3-on-3 Basketball Tournament * February 9, 2018

(PAYMENT AND WAIVER FORMS FOR ALL TEAM MEMBERS MUST ACCOMPANY APPLICATION.)

Sign up three players/one alternate * WE MUST RECEIVE REGISTRATION FORMS BY January 16, 2019

1) Name: _____ Circle One: Adult ___ High School ___ K-8 (Specify Grade) ___

Are you the team's alternate? Yes No

Address (Street, City, Zip Code): _____

Phone: _____ Email: _____

2) Name: _____ Circle One: Adult ___ High School ___ K-8 (Specify Grade) ___

Are you the team's alternate? Yes No

Address (Street, City, Zip Code): _____

Phone: _____ Email: _____

3) Name: _____ Circle One: Adult ___ High School ___ K-8 (Specify Grade) ___

Are you the team's alternate? Yes No

Address (Street, City, Zip Code): _____

Phone: _____ Email: _____

4) Name: _____ Circle One: Adult ___ High School ___ K-8 (Specify Grade) ___

Are you the team's alternate? Yes No

Address (Street, City, Zip Code): _____

Phone: _____ Email: _____

Please note: Referees have the authority to eject a team member or a team for inappropriate behavior, which may include but is not limited to: bad language, unnecessary roughness. We want this event to be a family friendly time for all participants.

This application plus Payment and 4 (four) waiver forms must accompany this application. You are not registered until all forms are received. Make check payable to Nativity of Mary HSA and bring it to the school office or mail it, with your application and waivers, to:

Nativity of Mary School
8550 Main Street
Williamsville, NY 14221
ATTN: 3-on-3

THIS FORM IS FOR MINORS (Under 18)

WAIVER, RELEASE and PERMISSION for a **MINOR** to PARTICIPATE
in an ACTIVITY at the NATIVITY OF THE BLESSED VIRGIN MARY SCHOOL (hereafter "NATIVITY OF MARY")
SPONSORED and SUPERVISED BY NATIVITY OF MARY SCHOOL
and NATIVITY OF MARY SCHOOL HOME SCHOOL ASSOCIATION

This form must be completed and returned to the activity leader prior to the activity date.

Description of the Activity/Event: 3 on 3 Basketball Tournament

Location: Nativity of Mary School Gymnasium

Date: February 9, 2019

Times: 8:00am to 6:00pm

As the parent or legal guardian of: _____
(Name of Child)

I hereby authorize and consent to my child's participation in the above-named activity. I understand that there may be risks and hazards associated with the activity and have had an opportunity to ask questions and to receive answers concerning those risks. I understand that my child and I are assuming all risks and hazards of the loss or injury of any kind that may arise in connection with the activity. I understand that while this activity is a school-sponsored activity, that neither Nativity of Mary School nor Nativity of Mary Home School Association provides any supervision for participants.

I agree to release and hold harmless Nativity of Mary School and Nativity of Mary Home School Association, their officers, trustees, agents, employees, and volunteers, and agree to indemnify each of them from any and all claims, costs, suits, actions, judgments and expenses, upon an damage, loss or injury to my child or damage to my child's property arising out of my child's participation in the activity and any damage, loss or injury to persons or property caused by my child.

I hereby state that my child is in good, normal health and has my permission to participate in the above activity. I hereby authorize the Nativity of Mary School and/or Nativity of Mary Home School Association to administer first aid and/or take my child to a physician or hospital for emergency treatment, if necessary.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print full name): _____

Phone #: _____

Emergency Phone #: _____

Street Address: _____

City/State/Zip: _____

In case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Physician Name: _____ Phone #: _____

THIS FORM MAY ONLY BE SUBMITTED BY ADULTS 18 and over

WAIVER and RELEASE to PARTICIPATE
in an ACTIVITY at the NATIVITY OF THE BLESSED VIRGIN MARY SCHOOL (hereafter "NATIVITY OF MARY")
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Description of the Activity/Event: 3 on 3 Basketball Tournament

Location: Nativity of Mary School Gymnasium

Date: February 9, 2019

Times: 8:00am to 6:00pm

I: _____
(Print Name)

I hereby consent to my participation in the above-named activity. I understand that there may be risks and hazards associated with the activity and have had an opportunity to ask questions and to receive answers concerning those risks. I understand that I am assuming all risks and hazards of the loss or injury of any kind that may arise in connection with the activity. I understand that while this activity is a school-sponsored activity, that neither Nativity of Mary School nor Nativity of Mary Home School Association provides any supervision for participants.

I agree to release and hold harmless Nativity of Mary School and Nativity of Mary Home School Association, their officers, trustees, agents, employees, and volunteers, and agree to indemnify each of them from any and all claims, costs, suits, actions, judgments and expenses, upon an damage, loss or injury to me or damage to my property arising out of my participation in the activity and any damage, loss or injury to persons or property caused by me.

I hereby state that I am good, normal health. I hereby authorize the Nativity of Mary School and/or Nativity of Mary Home School Association to administer first aid and/or take me to a physician or hospital for emergency treatment, if necessary.

Signature: _____ Date: _____

Name (print full name): _____

Phone #: _____

Emergency Phone #: _____

Street Address: _____

City/State/Zip: _____

In case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Physician Name: _____ Phone #: _____