

TEAM & PLAYER APPLICATION

OFFICIAL USE ONLY

PRINT CLEARLY IN BLACK OR BLUE INK. All mail-in registrations require prior email notification to contact@see3slam.com

★ **1. TEAM NAME**

Up to 20 letters. No numbers, punctuation, or symbols. Do not use "the" or "team" at the beginning of your name.

★ **2. DIVISION** (Please check one division box and submit team fee with this form.)

STANDARD DIVISION

Recreational - most play this division

- Women Under 6 Feet Tall*
- Women Over 6 Feet Tall
- Men Under 6 Feet Tall*
- Men Over 6 Feet Tall
- Co-Ed Under 6 Feet Tall*
- Co-Ed Over 6 Feet Tall

COMPETITIVE DIVISION

Elite

- Women Under 6 Feet Tall*
- Women Over 6 Feet Tall
- Men Under 6 Feet Tall*
- Men Over 6 Feet Tall

OVER 35 DIVISION *No Height Restrictions*

- Men Women Co-Ed

YOUTH DIVISION

Eldest player determines bracket. Divisions are based on age on July 13, 2024 AND grade entering in September 2024

- 1st & 2nd Grade M F
- 3rd & 4th Grade M F
- 5th & 6th Grade M F
- 7th & 8th Grade M F

HIGH SCHOOL DIVISION

- Under 6 Feet Tall* M F
- Over 6 Feet Tall M F



TRI-CU CORPORATE ZONE

Flat Rate: \$175 June 1st - 30th
No Height Restrictions. Proof of employment as of April 1, 2024 required for all players.

TOTAL TEAM FEE:

Each registered team receives ONE gratis player entry for an eligible Shoot Out event.

\$

Divisions are based on registration demographics, age on July 13, 2024 AND grade entering in September 2024 (where applicable).

* Height check verified and certified prior to player participation

\$100 EARLY BIRD SPECIAL June 1st - 3rd

\$140 REGISTRATION: June 4th - 24th

\$165 LATE REGISTRATION* June 25th - 30th

*No t-shirt or play guaranteed. You will be notified by July 10th if placed.

PLAYER 1 - TEAM CAPTAIN

First Name:

Last Name:

Address:

Apt:

City:

State: Zip:

Day Phone:

Night Phone:

Email:

Birth Date: (MM/DD/YY) Age on 7/13/24:

Height: * ft. in. Gender: M F

*Height verification required for all Male/Female Under 6ft Divisions

(PLEASE MEASURE) I will be entering the Grade in September 2024

PLAYER EXPERIENCE: Check all that apply

- No experience
- Recreational Youth Team
- Junior high/middle school
- Competitive Youth Teams (i.e.: AAU)
- High school freshman
- High school junior varsity
- High school varsity (< 500 students)
- High school varsity (> 500 students)
- Adult league or college intramurals
- College Professional

How many times did you practice or play pick-up or organized games in the past 12 months? None (<5 times) Some (5-25 times) A Lot (>25 times)

Rate yourself as a player on a scale of 1 to 10 in comparison to your age group, with 10 being the best (circle one): 1 2 3 4 5 6 7 8 9 10

T-SHIRT SIZE: YOUTH YS YM YL
 ADULT S M L XL XXL XXXL

SIGNATURES: (please read "Release and Voluntary Waiver" and Sportsmanship Pledge)

Player: _____

Parent/Guardian: _____

(Player AND parent/guardian signatures required if player is under 18.)

PLAYER 2

First Name:

Last Name:

Address:

Apt:

City:

State: Zip:

Day Phone:

Night Phone:

Email:

Birth Date: (MM/DD/YY) Age on 7/13/24:

Height: * ft. in. Gender: M F

*Height verification required for all Male/Female Under 6ft Divisions

(PLEASE MEASURE) I will be entering the Grade in September 2024

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T-SHIRT SIZE: YOUTH YS YM YL
 ADULT S M L XL XXL XXXL

SIGNATURES: (please read "Release and Voluntary Waiver" and Sportsmanship Pledge)

Player: _____

Parent/Guardian: _____

(Player AND parent/guardian signatures required if player is under 18.)

RELEASE AND VOLUNTARY WAIVER

This Voluntary Waiver and Release Agreement ("Agreement") is hereby executed by the undersigned, or if the undersigned is under the age of 18 years, then the undersigned's parent or legal guardian, together with any heir, successor, representative or assign (collectively "Participant"), in favor and for the sole and exclusive benefit of the Organizers (as defined herein). In connection with Participant's involvement in a contest, promotional activity or in any other event which may take place at See 3 Slam which involves the use of John Dam Plaza and George Washington Way or any of the streets or facilities at See 3 Slam in Richland by Participant including, without limitation, the 3-on-3 basketball tournament (collectively "Event"), Participant hereby agrees and acknowledges to Tri-Cities Sunrise Rotary and the City of Richland any of the respective Event sponsors or promoters, including, without limitation, all charities benefiting from the Event, individually and collectively, together with each of their respective affiliates, officers, employees, partners, shareholders, members, board members, sponsors, volunteers, tenants, contractors, agents, successors and assigns (collectively "Organizers"), that a strenuous activity, such as basketball, is potentially hazardous, and Participant hereby assumes all risks associated with participating in the Event, including, without limitation, falls, contact with other participants, the effects of weather and the condition of playing surfaces. Furthermore, Participant expressly and unconditionally assumes all risks and dangers known or unknown, foreseen or unforeseen, and relating or incidental to Participant's involvement in the Event and any activity associated therewith. Participant hereby releases, forever discharges and holds harmless the Organizers from and against any and all claims, damages, liabilities, costs and expenses, including, without limitation, death, personal injury or property damage of any kind or nature, arising out of or relating to Participant's involvement in the Event and all activities associated therewith. Participant further agrees that the Organizers shall have the right to record, broadcast and otherwise exploit in any and all media throughout the world Participant's involvement in the Event and to use Participant's name, likeness, voice and biographical information in connection therewith.

SPORTSMANSHIP PLEDGE

I realize and accept that I am responsible for the conduct of myself, my teammates and my fans. If I or any person associated with my team fails to behave in a sportsmanlike manner, I realize that I, my team and our fans may be ejected from the tournament and asked to leave the site and not return.

PLAYER 3

First Name:

Last Name:

Address:

Apt:

City:

State: Zip:

Day Phone:

Night Phone:

Email:

Birth Date: Age on 7/13/24:

(MM/DD/YY)

Height:* ft. in. Gender: M F

(PLEASE MEASURE)

*Height verification required for all Male/Female Under 6ft Divisions

I will be entering the Grade in September 2024

PLAYER EXPERIENCE: Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> No experience | <input type="checkbox"/> High school junior varsity |
| <input type="checkbox"/> Recreational Youth Team | <input type="checkbox"/> High school varsity (< 500 students) |
| <input type="checkbox"/> Junior high/middle school | <input type="checkbox"/> High school varsity (> 500 students) |
| <input type="checkbox"/> Competitive Youth Teams (i.e.: AAU) | <input type="checkbox"/> Adult league or college intramurals |
| <input type="checkbox"/> High school freshman | <input type="checkbox"/> College <input type="checkbox"/> Professional |

How many times did you practice or play pick-up or organized games in the past 12 months? None (<5 times) Some (5-25 times) A Lot (>25 times)

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T-SHIRT SIZE: YOUTH YS YM YL
 ADULT S M L XL XXL XXXL

SIGNATURES: (please read "Release and Voluntary Waiver" and Sportsmanship Pledge)

Player:

Parent/Guardian:

(Player AND parent/guardian signatures required if player is under 18.)

DETACH AND MAIL

Teams will be bracketed after all the entry forms are thoroughly analyzed. Specific bracket placement is made at the sole discretion of the Event Organizers.

3. FORM OF PAYMENT

Check or money order Visa MasterCard

Card #

Card # 3-digit CVV: Expiration Date:

Name on Card:

Signature:

Cardholder phone number: () -

PAYMENT SUMMARY: Total Team Fee \$

Make checks or money orders payable to: **Tri-Cities Sunrise Rotary**

Mail your entry to: **Tri-Cities Sunrise Rotary • P.O. Box 2652 • Pasco, WA 99302**

REFUND POLICY: There are no refunds for team registration entries.

All mail-in registrations require prior email notification to contact@see3slam.com

PLAYER 4

First Name:

Last Name:

Address:

Apt:

City:

State: Zip:

Day Phone:

Night Phone:

Email:

Birth Date: Age on 7/13/24:

(MM/DD/YY)

Height:* ft. in. Gender: M F

(PLEASE MEASURE)

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