

MARCH MADNESS REGISTRATION FORM

Last Name

First Name

Main Phone Number

Email Address

Age

Mailing Address

What Church do you attend?

NUMC or Other _____

PARTICIPANT INFORMATION

What level is your team? Beginner Intermediate Advanced

TEAM NAME _____ List the team leader and ALL teammates

TEAM LEADER 1. _____ No more than 5 players per team

Teammate 2. _____ Teammate 3. _____

Teammate 4. _____ Teammate 5. _____

PLEASE READ CAREFULLY

Do you have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes No

If yes, please state condition: _____

Emergency Contact: Name _____ Phone _____

EMERGENCY AUTHORIZATION

I, the undersigned, hereby authorize the coaches or assistant coaches acting in the capacity of activity supervisors/vehicle drivers, as my Agents to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. In an emergency situation, please notify the emergency contact listed above.

If you wish to have your Dr. contacted in case of emergency, please list here: _____ Authorized Signature

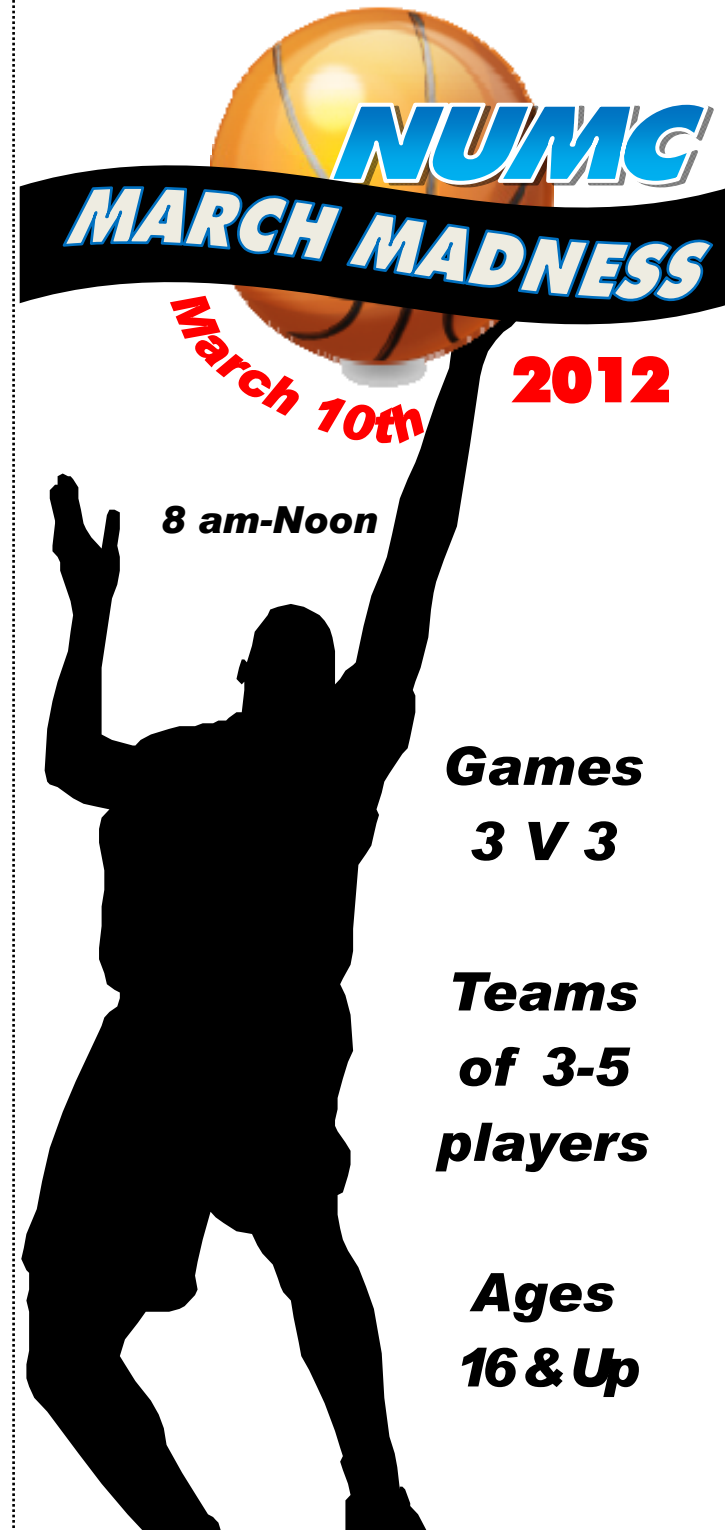
Dr. Name _____ Phone _____

WAIVER OF LIABILITY, DISCLAIMER AND PERMISSION

I, the undersigned, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of the Community Life Center are primarily administered by volunteers, rather than paid professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge and hold harmless Niceville United Methodist Church and the Community Life Center, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in a CLC sponsored event, including any physical injury by the negligence of any official, referee or coach while performing his/her duties during any practices, games or meets.

Signature _____ Date _____

RECREATION MINISTRY: CASH CHECK CK# _____ INITIALS _____



March Madness Basketball Tournament

Saturday March 10th

8:00 a.m. to 12:00 p.m.

For men ages 16 and up

Games will be 3^{vs} 3

Teams can consist of

3 to 5 players

Winning team receives
March Madness T-shirts

REGISTRATION INFO:

\$25.⁰⁰ per team

cash or check only

1. Fill out registration info on backside of brochure.
2. Drop-off form and fee to the Community Life Center

Or ...mail form & payment to:

Community Life Center
Niceville United Methodist Church
214 A Partin Drive South
Niceville, FL 32578

Make checks payable to:
Niceville United Methodist Church

**Registration Deadline is at
5:30 p.m. on March 2nd**

Tournament info will be
emailed to all players
once registration ends.

A player can pay for the whole team however, each player must fill-out a registration form. In addition, the forms must accompany the team's payment.

DEADLINE

No more registrations will be accepted after 5:30 p.m. on March 2nd.