

# Rollin' Hoops

a wheelchair basketball fundraiser

Registration through February 28<sup>th</sup>

Team \$125.00, Individual \$25.00 (Max 6 players per team)

Event: March 8<sup>th</sup> @ Graham Recreation Center, 311 College St. Graham, NC 27253

Team/Player Check In @ 9:00am, First Games @ 10:00am

**Any player under the age of 18 is required to have a Parent/Legal Guardian fill out a separate consent form.**

## Team Captain Info (Player 1)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Age (as of 3-8-14) \_\_\_\_\_

## Team Info (Players 2-6)

Player 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Age (as of 3-8-14) \_\_\_\_\_

Player 3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Age (as of 3-8-14) \_\_\_\_\_

Player 4 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Age (as of 3-8-14) \_\_\_\_\_

Player 5 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Age (as of 3-8-14) \_\_\_\_\_

Player 6 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Age (as of 3-8-14) \_\_\_\_\_

## Authorization and Release

I hereby give my permission to participate and be involved in the City of Graham's Department of Recreation Program of Rollin' Hoops. By this authorization, I hereby approve of the program and accept the facilities, equipment, supervision and the instructor as being satisfactory. I have been given the opportunity to inspect the premises and equipment and have talked with the instructor, or waive the right to do so. I hereby release the City of Graham and its employees from any and all damages on my behalf, which would or could be based on the qualification of the instructor and the adequacy of the supervision, facilities, or equipment used in the previously named program. I further understand that individual accident and general liability insurance is not provided by the Graham Recreation Department or any sponsoring agent. However, accident insurance is available for purchase from a private carrier through the Graham Recreation Department. The Graham Recreation & Parks Department does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or provision of services.

## Office Use Only:

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash/CH#: \_\_\_\_\_ Receipt#: \_\_\_\_\_ Received by: \_\_\_\_\_ BC: \_\_\_\_\_