



Swiss Days

3 on 3 Basketball Tournament (Double Elimination)

Saturday, July 28, 2018

South Adams Middle School Gym

10:00 AM to completion (usually done by 3 PM)

The below divisions will be created if at least 4 teams in each. Divisions may be combined if there are not 4 teams in a division:

Elementary division, grades 3-5 (boys and girls divisions)

Middle School division, grades 6-8 (boys and girls divisions)

HS division, grades 9-12 (boys and girls divisions)

Adult division, college and up (men and women divisions)

** Teams of 4 (3 play at a time).

** \$60 per Team (checks made out to South Adams Boys Basketball)

** Double elimination tournament

** Guaranteed 3 games for Toilet Bowl title

** Games are to 21 pts. (2's & 3's) win by 1 or 25 minutes.

** Trophies for the winners of each division

** Walk-up teams may be accepted if there is enough room

** Mandatory rules meeting for all teams at 10 AM

** No concessions will be available. Do have drinking fountains. Bring own snacks/drinks.

** Registration form on the back. Please send in form and \$60 to reserve your spot!

Registration Form

Please return with \$60 payment made out to SA Boys Basketball by Monday, July 23 to:

South Adams High School
c/o Trent Lehman
1000 Parkway Dr., Berne, IN 46711

OR e-mail form to:
tlehman@southadams.k12.in.us

Team:

Name _____

Team Members:

1. Name _____

 Age _____ Grade _____

2. Name _____

 Age _____ Grade _____

3. Name _____

 Age _____ Grade _____

4. Name _____

 Age _____ Grade _____

I, the undersigned participant, on behalf of myself and my heirs, hereby agree to indemnify, save and hold harmless South Adams schools, as well as any of their agents, representative, employees or other involved for my health, safety and any injury and/or disability arising out of or resulting from this voluntary activity in which I am participating.

I hereby represent that I have no physical restrictions that would prohibit my participation in the volunteer activity in which I am participating. I understand the South Adams Schools does not provide workers comp nor liability insurance for me while I am participating. By placing my signature below, I acknowledge I have read this agreement, and I understand and voluntarily agree to terms and conditions, which shall be binding upon the heirs, administrators, executors and assigns of the undersigned.

1st Participant _____

 Date _____

 Signature of Parent/

Guardian _____ Date _____

2nd Participant _____

 Date _____

Signature of Parent/

Guardian _____ Date _____

3rd Participant _____

 Date _____

 Signature of Parent/

Guardian _____ Date _____

4th Participant _____

 Date _____

 Signature of Parent/

Guardian _____ Date _____

Contact information for Team Captain:

Name _____

Phone _____

e-mail _____