



## Swiss Days

# 3 on 3 Basketball Tournament (Double Elimination)

Saturday, July 31, 2021

South Adams Middle/Elementary School Gym

**10:00 AM to completion: Last team registered at 9:45 AM the day of the tournament (tournament 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 2 games**

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

**\*\* T-shirts for winners of each division**

**\*\* Walk-up teams may be accepted if there is enough room until 9:45 AM day of the tournament**

**\*\* Mandatory rules meeting for all teams at 10 AM**

**\*\* No concessions will be available. 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 26, 2021  
to:

**South Adams High School**

**c/o Josh Hendrixson**

**1000 Parkway Dr., Berne, IN 46711**

**OR e-mail form to:  
jhendrixson@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 \_\_\_\_\_

2<sup>nd</sup> Participant \_\_\_\_\_

Date \_\_\_\_\_

Signature of  
Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_

3<sup>rd</sup> Participant \_\_\_\_\_

Date \_\_\_\_\_

Signature of  
Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_

4th Participant \_\_\_\_\_

Date \_\_\_\_\_

Signature of  
Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_

### Contact information for Team Captain:

Name \_\_\_\_\_

Phone \_\_\_\_\_

e-mail \_\_\_\_\_