



Swiss Days

3 on 3 Basketball Tournament

Saturday, July 30, 2022

South Adams Middle/Elementary School Gym

Games will start at 10:00 am

***Registration will close at 9:45 Saturday, July 30

Divisions: Need to have at least 4 teams per division. Boys and girls be combined in each 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 25, 2022
to:

South Adams High School

c/o Garrett Krieg

1000 Parkway Dr., Berne, IN 46711

**OR e-mail form to:
gkrieg@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 _____