



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# COMPETE IN COMMUNITY

## 3 On 3 Basketball Tourney

Friday 6:00 PM, March 11th

**FEE: \$60/Team**

**Registration Deadline:  
March 7th, 2022**

**To register: Team captain must complete the attached registration form/team roster & submit it with the team registration fee. All players must sign waiver to play.  
Max of 6 players per team.**



**Fergus Falls Area Family YMCA**  
Pam Ness, Sports Coordinator  
1164 N. Friberg Avenue  
Fergus Falls, MN 56537  
218-739-4489 (ext. 219)  
sports@fergusfallsymca.org

**TEAM NAME** \_\_\_\_\_

**INFORMED CONSENT and WAIVER OF LIABILITY**

**All payments must be made to the Fergus Falls Area Family YMCA prior to participation in any program. Without payment you may not be able to participate**

In consideration of the YMCA accepting this registration, I, for myself, and/or the minor(s) for whom I am signing, release and forever discharge the Fergus Falls Area Family YMCA and all connected with the YMCA, of and from any and all rights, claims, demands, and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by the minor(s) for whom I am signing on his/her property at any time. I declare that the above minor (s) is/are physically sound and medically approved to participate in the activities of the YMCA. I authorize use of any and all photographs taken of my child(ren)with the YMCA or on YMCA related trips to be used for the publicity of the YMCA, facility and programs.

**Captain's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Day Phone #:** \_\_\_\_\_ **Evening Phone #:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

	<b>Player Name</b>	<b>Phone #</b>	<b>Signature</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____