

CASTLE RUMBLE BASKETBALL TOURNAMENT
February 10-12, 2012

2012 Castle Feeder Tournament Release / Roster / Registration Form

Team Name _____ Grade Level _____

Name of High School current grade feeds into _____

This roster must be completed and returned to **Castle Feeder Basketball, C/O Pat Lockyear, 3344 Highway 261, Newburgh, IN 47630** prior to any game being played. If this roster and parental release form is not completed and returned, NO participation will be allowed and no return of entry fee will be given.

I / We hereby acknowledge, recognize and accept the inherent risk of bodily injury, disability, paralysis and/or death to my/our children / guardians that exist as a result of their participation in any athletic endeavor, and specifically, by their athletic participation in athletic endeavors offered or hosted by Castle Feeder Basketball, Castle Athletic Department, or Castle Boys Basketball. As such, we do hereby agree to save, hold harmless and indemnify Castle Feeder Basketball, Castle Athletic Department, or the Castle Basketball program, their coaches, agents, employees, officers or volunteers or entities on behalf of Castle Feeder Basketball for any bodily injury, disability, paralysis, and/or death that we or our Children/guardian may sustain as a result of participation in the Castle Feeder Basketball tournament.

In the event that I / We or my / our child(ren) / guardian suffer some type of injury or illness which requires immediate medical treatment, I / We hereby consent to and authorize the administration of such first aid / or medical treatment to myself / ourselves and or my / our child(ren) / guardian by coaches, agents, employees, officers or volunteers and other individuals or entities operating on behalf of Castle Feeder Basketball that are trained to administer such first aid and/or medical treatment. I / We do further consent to and authorize coaches, agents, employees, officers or volunteers and other individuals or entities operating on behalf of Castle Feeder Basketball to arrange for ambulance transportation for an appropriate medical facility for me / us and/or child(ren) / guardian.

I / We hereby certify that the below information regarding the grade school the player is currently attending and the above mentioned high school the grade schools that feed into is accurate. **We understand that the Castle Feeder Basketball Tournament is a School Tourney;** not an AAU all-star tourney for players from different schools that feed into different high schools. I / We understand that grade and school confirmation must be available upon request by the tournament director. In the event it should be determined that the below information is not accurate I / We understand that our team and each individual will forfeit all fees paid to attend the Castle Feeder Basketball tournament and be removed from the tourney; with no refunds. Furthermore, by signing below I / We agree to abide by all rules as established by tournament officials to govern the tournament both on and off the court.

PLAYERS NAME	BIRTH DATE	GRADE	SCHOOL CURRENTLY ENROLLED IN	SCHOOL PHONE #	PARENT/GUARDIAN SIGNATURE	DATE
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						

Head Coach _____ Home Phone _____ Cell # _____ Email _____

Signature of School Official verifying the above students attend the above mentioned school: _____

Title _____ School Phone _____ Cell # _____ Home # _____

RETURN TO: Castle Feeder Basketball, C/O Pat Lockyear, 3344 Highway 261, Newburgh, IN 47630