

# 9th ANNUAL Good Shepherd

## 3-on-3

## Basketball Tournament **HOSTED BY S.W.A.G.**

**SEEKING WISDOM AND GRACE (YOUTH MINISTRY)**

**\*Open For Ages (13-17) and (18 and up)**

**\*Male and Females participants are Welcome\***

**Date: Saturday, March 21, 2026 (9 a.m.-5 p.m.)**

**Format: Double Elimination Cost: \$10.00 per player/ \$30.00 per team**

**ALL GAMES ARE UP TO 11\*(Teams must win by 2 points)\***

**Address:** 14187 S.W. 72 Street Miami, FL 33183

**Contact Email:** [jppages@gscsrams.org](mailto:jppages@gscsrams.org)

**Player/Participant Registration**

	<u>Name of Participant</u>	<u>Age</u>	<u>M/F</u>
Player:	_____	_____	_____

I, \_\_\_\_\_ (Participant) and \_\_\_\_\_ (Parent/Guardian) hereby freely and voluntarily consent to participation in the activity described above. I agree to assume all financial responsibility for participation in the activity above and hold Good Shepherd Catholic Church and School, Archdiocese of Miami, Inc., and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsors") harmless for all costs incident to my participation in this activity.

I, the undersigned, a participant in the activity described above, do waive and release Sponsors from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsors and agree to indemnify them with regard to any financial obligations incurred by my acts or omissions.

I, the undersigned, agree to comply with all safety rules and instructions provided by the event coordinator(s) of the aforementioned event. ***I understand that failure to comply with rules and the expected conduct will result in my dismissal of this event.*** I voluntarily choose to take part in this activity at my own risk. I certify that I am physically and mentally able to safely participate in this activity. I further give consent for any emergency medical treatment I might require. In case of an emergency, please contact \_\_\_\_\_, at \_\_\_\_\_, Phone \_\_\_\_\_. I represent and certify that my true age is stated above, and that, if I am under 18 years old on this date, my parent or legal guardian has signed the agreement to release and consent provision printed on this form.

**I HAVE READ AND UNDERSTAND THE FOREGOING REQUEST AND RELEASE.**

**Parent/Legal Guardian Authorization Signature:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

**\*FOOD AND DRINKS WILL BE MADE AVAILABLE FOR PURCHASE\***