



84th National PRCUA Basketball Tournament

Saturday, March 10, 2018 - WYANDOTTE, MI

Hosted by PRCUA Society #162



ENTRY FORM

Team Name _____ City _____ State _____

Mark the circle indicating in which Division your team will play:

Men's Open (5 on 5)

Women's (3 on 3)

Men's Over 50 (3 on 3)

Must be over age 50

Each player may only sign one roster. The undersigned hereby confirm that they are members of PRCUA in good standing. This tournament is for PRCUA members only. Non-members are invited to join the PRCUA. Players agree to abide by the PRCUA rules and regulations of good sportsmanship and fair play on and off the court.

ALL COLUMNS ARE REQUIRED TO BE FILLED OUT.

PRINT PLAYER'S NAME	ADDRESS - NUMBER, STREET, CITY, ZIP	TELEPHONE #	E-MAIL ADDRESS	SOCIETY #	ROSTER #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Entry fee is **\$50.00** per team. Fees are non-refundable.

Make your check payable to PRCUA or use the Online Payment Option at www.prcua.org/payonline specifying that you are paying for: Basketball (Team Name)

Send application and fee to: PRCUA c/o Fraternal Dept., 984 N. Milwaukee Ave., Chicago, IL 60642-4101. Entry fees must be paid prior to the tournament.

As manager or coach of the above team, I am responsible for the conduct of all my team players and for the correctness of all the above information. I understand that if any player's information has been falsified for any reason, all games in which that player(s) participated will be forfeited.

Manager/Coach: _____ Address: _____ Phone #: _____ E-mail: _____

Entries must be received by Friday, February 16, 2018.

Adult Waiver/Release
ATHLETIC WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Polish Roman Catholic Union of America athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Polish Roman Catholic Union of America, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name
(PLEASE PRINT)

Participant's Signature

DATE

Emergency Phone Number: (_____) _____

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian's Name
(PLEASE PRINT)

Parent/Guardian's Signature

DATE

Phone Number: (_____) _____