

2024 MARCH MADNESS REGISTRATION FORM

Please Circle Your School:

ADENA	CREEKSIDE
CHEROKEE	HERITAGE
ENDEAVOR	HOPEWELL
FREEDOM	LIBERTY
INDEPENDENCE	SHAWNEE
UNION	WYANDOT
VANGORDEN	
WOODLAND	

Student Division: BOYS GIRLS

Student Grade: 2 3 4 5 6

Student Name: _____

Student Shirt Size: _____ (Please Specify YOUTH or ADULT)

\$25.00 Fee Paid: YES NO

Did your student play basketball this year? Yes No

If yes, what team: _____

Head Coach: _____ League: _____

**Does your student want to try-out for the competitive division? Yes / No*

Parent Name: _____

Email Address: _____

Cell Phone Number: _____

If interested in volunteering, please circle one: Coach Assistant Coach

Emergency Medical Waiver Form
2024 Lakota March Madness Basketball Tournament

CONSENT: I, parent, or legal guardian for the below named player, hereby give my approval for his/her participation in the Lakota March Madness Basketball Tournament. I attest to the fact that the below named player is currently a student in the Lakota Local School District.

AGREEMENT: I will abide by the rules of the Lakota Local School District as set forth in the Lakota Student Handbook provided to students in effect at the current time. I will not remove at any time the player from the practice floor or game floor without the knowledge and permission of the team official. I understand that my parental responsibilities include the use of good sportsmanship.

RELEASE: I do hereby waive, release, absolve, indemnify and agree to hold harmless members of the Lakota March Madness Basketball Tournament Committee, the Lakota Local School District, its officers, member schools, employees, team and school officials, team coaches or managers, persons transporting the player to and from games or practices and team activities, and game personnel, (including but not limited to game directors, assistants, and game officials), from any claim arising out of injury to the athlete.

AUTHORIZATION FOR MEDICAL TREATMENT: I do hereby grant permission to the adult coach or manager, or the official of his/her team to obtain medical care from any licensed physician, hospital, or medical clinic for the below named player at such time, as either parent or legal guardian cannot be contacted in person or by telephone in a timely manner.

Player Name: _____

Home Address: _____

Email: _____

Cell Phone Number: _____

Emergency Contact Number: _____

Elementary School: _____

Grade: _____

Teacher: _____

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature: _____