



Young Guns

BASKETBALL TOURNAMENT

MAY 10-11, 2019

HIGH SCHOOL BOYS & GIRLS

BRING YOUR "A" GAME!!!

**\$150
ENTREE
FEE**

AWARDS FOR
1ST, 2ND & 3RD PLACE
+ ALL TOURNEY

BOYS DIVISION
&
GIRLS DIVISION
SCHOOL I.D. REQUIRED AT CHECK-IN.

REGISTRATION DEADLINE

FRIDAY MAY 3RD, 2019



RESORT & CASINO
SPECIAL ROOM RATE
CODE: **HSBTT19**



LOCATED AT THE NEW
FORT MOJAVE WELLNESS CENTER
10400 S. DUNES RD.
MOHAVE VALLEY AZ, 86440

FOR MORE INFO CALL THE FORT MOJAVE WELLNESS CENTER: 928.346.2900

FORT MOJAVE WELLNESS CENTER | ADDRESS: 10400 S. DUNES RD, MOHAVE VALLEY, AZ 86440
PHONE: 928-346-2900 | FAX: 928-346-2922 | EMAIL: amelia.wilson@fortmojave.com



Thank you for your interest in the Fort Mojave Wellness Center
Young Guns Basketball Tournament!
Please read through the following information prior to registration.

**Registration will open Monday, April 8th the Fort Mojave Wellness Center, located at:
10400 S. Dunes Rd, Mohave Valley, AZ 86440.**

All registrations must be submitted to the FMWC via-email, Fax or in person on or after 4/8/19. Registration slots are filled up on a first come basis. If you wish to guarantee a spot, it is highly recommended that you apply in person. Emailed, Fax or In-Person registration forms will be accepted.

You can submit your completed registration from to:

amelia.wilson@fortmojave.com or Fax: 928-346-2922 (Attn: Amelia Wilson)

Cost: All Fees are non-refundable
\$150* per Team for Boys or Girls Divisions

Submit your payment to:
Fort Mojave Indian Tribe
We accept Cash, Check or Money Order

Mailing Address:
Fort Mojave Indian Tribe
c/o Accounting Dept
500 Merriman
Needles, CA 92363

All payments must be received by our Accounting Office prior to the start of the tournament.
School I.D's are required upon check-in at the Tournament.

Registration Deadline is:
Friday May 3rd, 2019

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PHONE: 928-346-2900 | FAX: 928-346-2922 | EMAIL: amelia.wilson@fortmojave.com



Young Guns Basketball Tournament Registration Form ~ Team Information



Team Name:	
Coach:	
Cell Phone: ()	Alternate Phone: ()
Address:	City:
State:	Zip:
E-mail:	
Division: (Enrolled in grades 9 through 12 for the 2018-2019 school year)	
Girls Division <input type="checkbox"/>	Boys Division <input type="checkbox"/>

<u>Player Name (First & Last):</u>	<u>DOB mm/dd/yyyy:</u>	<u>Grade:</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Head Coach:	
Asst. Coach:	

Fort Mojave Wellness Center

YOUNG GUNS BASKETBALL PLAYER WAIVER & RELEASE OF LIABILITY

(This form must accompany a Registration Form for the Fort Mojave Wellness Center)

PLAYER WAIVER & RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the YOUNG GUNS BASKETBALL TOURNAMENT indicated below.
2. I understand that there are certain risks and hazards involved in participating in basketball that may result in injury of death to me or other players, including, but not limited to those hazards associated with playing conditions, equipment and other participants.
3. I understand that the very nature of the game of basketball's hazardous and risky, including, but not limited to, the acts of jumping and collisions with other players and with stationary objects, all of which can cause serious injury of death to me and to other players.
4. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person. Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the court arranged for by the facility.
5. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or the facility for practice or play.
6. I release, discharge and agree not so sue the team designated below, the gymnasium owner or other entity designated below, for any claim, damages, costs or causes of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

_____ TEAM CAPTAIN	_____ SIGNATURE OF CAPTAIN	_____ Phone Number
_____ NAME OF PLAYER	_____ SIGNATURE OF PLAYER	_____ Phone Number
_____ NAME OF PLAYER	_____ SIGNATURE OF PLAYER	_____ Phone Number
_____ NAME OF PLAYER	_____ SIGNATURE OF PLAYER	_____ Phone Number
_____ NAME OF PLAYER	_____ SIGNATURE OF PLAYER	_____ Phone Number
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