

FORT MOJAVE INDIAN TRIBE PRESENTS

NATIVE
HOOP KINGS

BASKETBALL TOURNAMENT

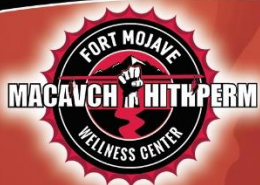
MAY. 17-19
2019

MEN ONLY - AGES 18+
C.I.B / TRIBAL I.D.
REQUIRED

SATURDAY EVENING
-3 POINT CONTEST
-DUNK CONTEST



Special Room Rate Code:
MBASKET



LOCATION
MACAVCH HYPHIRM
WELLNESS CENTER
10400 S. DUNES ROAD
MOHAVE VALLEY AZ. 86440

ENTREE FEE - \$300

1ST PLACE - \$3,000

2ND PLACE - \$1,000

For more information please contact the at: Tim Johnson or Amelia Wilson 928.346.2900



Thank you for your interest in the Fort Mojave Wellness Center
NATIVE HOOP KINGS Basketball Tournament this May 17-19, 2019!!
Please read through the following information prior to registration.

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

All registration forms 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.

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

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
\$300 per Mens Team

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 - FMWC
500 Merriman
Needles, CA 92363

Registration Deadline is:
Friday May 10th, 2019

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



NATIVE HOOP KINGS

Basketball Tournament

Registration Form ~ Team Information

Team Name:	
Coach:	
Coach Cell Phone: ()	Coach Alternate Phone: ()
Address:	City:
State:	Zip:
E-mail:	

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

	Head Coach:	
	Asst. Coach:	

Fort Mojave Wellness Center

NATIVE HOOP KINGS 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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