

PLAYER FIRSTNAME:	PLAYER LAST NAME:	AGE:	PHONE:
GENDER: MALE OR FEMALE	STREET ADDRESS:	EMAIL:	
ALL PLAYERS MUST SHOW A CONNECTION TO THE TOWN OF MANCHESTER TO PARTICPATE. PLEASE INDICATE STATUS BELOW (REQUIRED)			
DEMOGRAPHICS: This information helps PAL track statistics for the purpose of obtaining financial support for this event Please complete this information. RACE: White American Indian/Alaskan Native Black/African American & White ETHNICITY Black/African American Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black/African American Hispanic/Latino Other Multiracial NOT Hispanic/Latino Other Multiracial NOT Hispanic/Latino Other Multiracial NOT Hispanic/Latino NOT Hispanic/Latino Asian & White Choose not to reply Choose not make the participation in the tournament will expose me or my legal ward to above normal risks. These risks include uneven or hazardous playing surfaces, physical contact of collision with other players, spectators or inanimate objects on or about the court Lunderstand that the sport of basketball is in itself hazardous and may result in injury to me, my legal ward, or other players. I represent that I and/or my legal ward, have no health or physical problems that will interfere withmy participation in the tournament. - I agree that I, and for my legal ward, am responsible for myjour) own safety. - I hereby assume all risk associated with my, and/or my legal ward is attendance and participation in the tournament shall be at my/our sole risk and decision as to whether or how liven by glash lab entirely my/our responsibility. - I am my legal ward, hereby fully release and discharge Manchester Police Activities League, Inc., employees of the Town of Manchester, the Town of Manchester and the Tournament Sponsors, visitors and on-lockers, "everyone" from any and all claims, causes of action or liability arising out of replay in the my or include, but not limited to, the above isted organizations and indias from any loss, damage or expense sustained or incurred by them, ari			
PRINTED NAME (FIRST & LAST) OF	LEGAL PARENT/GUARDIAN OF PLAYER:	Last	