2024 "PAN-ORTHODOX" BASKETBALL TOURNAMENT

Participant Registration, Release and Roster Form

This form must be completed and submitted **prior** to participating in any O.Y.A.A. sponsored athletic event. Participants will be ineligible to compete if their name does not appear on the form with appropriate release signatures .

Church:		Location:	Divi	sion:	
2024 O.Y.A.A Orthodox Chur	a. Basketball Season and/or the 2 rch, St. John Armenian Church a s, successors and assigns from resp	Association (O.Y.A.A.) permitting the 2024 Pan Orthodox Tournament, I and any other facility utilized for O.Y. ponsibility for any claims arising from	hereby release the O.Y.A.A. activities, their em	A.A., Assump ployees, repr	otion Greek esentatives,
mentioned enti- from any inten	ties, persons, and groups from the	ame and there are certain risks of injuries types of injuries. I further release ith respect to the gymnasiums and oth	the above mentioned ent	ities, persons	and groups
release the O. activities, their or death as a r	Y.A.A., Assumption Greek Orthoromycone employees, representatives, agent	nor, I hereby certify that I am his/her podox Church, St. John Armenian Chars, officers, successors and assigns from Aorganized event. Such release is trators, heirs or executors.	arch and any other facili m responsibility for any c	ty utilized for laims arising	r O.Y.A.A. from injury
O.Y.A.A. activunderstand that	rities for any damages or costs th	Greek Orthodox Church, St. John Arney incur as a result of any injury or consibility of event participants. I also .Y.A.A. sponsored activity.	death covered by this r	elease. I ack	nowledge I
I understand th	at in the event any of these paragra	aphs are held to be not valid by a court	, the remainder of the con	tract is still va	lid.
After reading older are req	the release above, the following	the participants listed are <u>all</u> <u>ROSTER</u> g information must be completed for a position of the property of	or each participant. Al	l participant	s age 18 &
Participant:					
<u> </u>	Name	Address	City	State	Zip
	Phone Number	Birthdate	Signature		
Participant:					
	Name	Address	City	State	Zip
	Phone Number	Birthdate	Signature		
Participant:	Name	Address	City	State	Zip
	Phone Number	Birthdate	Signature		

(Roster continued on opposite side)

Page 2

Participant:					
1 —	Name	Address	City	State	Zip
	Phone Number	Birthdate	Signature		
Participant:	Name	Address	City	State	Zip
	Phone Number	Birthdate	Signature		
Participant:	Name	Address	City	State	Zip
	Phone Number	Birthdate	Signature		
Participant:	Name	Address	City	State	Zip
Participant:	Phone Number	Birthdate	Signature		
	Name	Address	City	State	Zip
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	Name	Address	City	State	Zip
Participant:	Phone Number	Birthdate	Signature		
	Name	Address	City	State	Zip
	Phone Number	Birthdate	Signature		
Participant:	Name	Address	City	State	Zip
	Phone Number	Birthdate	Signature		

NOTE: A photocopy of this side of the form can be made and attached if additional space is needed.