

Jammin in Jasper

Boys Basketball Tournament

February 23 - 25th
2018

Fee: \$250

Grades
3th - 4th - 5th - 6th - 7th & 8th

Registration limited to 24 teams grades 5th - 8th; 18 teams - 4th & 12 teams - grade 3
Preferential Entry to "Jammin" based upon teams ABLE TO PLAY Friday night.
Register early to be a part of the great competition!!!

Check must be received by 1/30 but will be cashed 7 days prior to tourney start

- 3 Game Guarantee
- Pool Play—1st two games
- Single elimination begin Saturday evening
- School Teams Only
- IHSAA Rules
- Trophy Awarded to: 1st & 2nd place Teams

Detailed information on
www.jammininjasper.net

Schedules will be posted by: February 18, 2016.

Mail registration and payment to:

Jammin' in Jasper
Attn: Kevin Messmer
1860 Gregory Lane
Jasper, IN 47546

Phone: (812) 630-6866

Email: kbmessmer@yahoo.com

Make checks payable to:
Jammin' in Jasper

Grade level (Circle): 3rd
4th 5th 6th 7th 8th

Team Name: _____

Coach: _____ Cell # (_____) _____

City: _____ State: _____ email: _____@_____

High School your team feeds in to: _____

Friday night play: Yes ___ (circle: 1 or 2 games) No ___

List the top 3 teams you routinely play (we will try to avoid in Pool Play)

This should be turned in early in order to be considered with Pool Play set up.

1)

2)

3)

"Activity Registration & Release" Form required to play.

Form must be sent in prior to deadline. Each player must complete the form.

Withdrawal of team from Tournament within 7 days of Tournament start may result in forfeiture of entry fee.

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2018 JAMMIN IN JASPER Basketball Tournament Registration / Release / Roster Form

TEAM NAME: _____

GRADE: _____

High School your Grade School feeds in to: _____

Signature of School Official verifying accuracy of Grade School / High School / Grade level representations

Signature: _____ Title: _____ Cell # _____ Work # _____

This form must be completed and returned to Jammin in Jasper, Attn: Kevin Messmer, 1860 Gregory Lane, Jasper, IN 47546 prior to any game being played **or no participation will be allowed and no return of entry fee will be given.**

I/We hereby acknowledge, recognize and accept the inherent risk of bodily injury, disability, paralysis and/or death (Risks) to my/our children / guardians that exist as a result of their participation in athletic endeavors offered or hosted by Jammin in Jasper, The Tournament Director, Greater Jasper Consolidated Schools, the Jasper Boys Basketball Booster Club, their owners, agents, employees, officers, volunteers, and other individuals or entities operating on behalf of "Jammin in Jasper" (Sponsors). I/We do hereby agree to save, hold harmless and indemnify Sponsors for any claims or Risks that we or our children / guardian may sustain as a result of participation in Jammin in Jasper.

In the event that I/We or my/our child(ren)/guardian (Participants) suffer some type of injury or illness which requires immediate medical treatment, I/We do hereby consent to and authorize the administration of such first aid and/or medical treatment to Participants by Sponsors and or to arrange for ambulance transportation to an appropriate medical facility for Participants.

I/We hereby certify that the below information regarding the grade and grade school the player is enrolled in and the above mentioned High School the grade school feeds into is accurate. **We understand that Jammin in Jasper is a "School Tourney"**; not an AAU or all-star tourney for players from different schools that feed into different High Schools. I/We understand that grade level and grade school confirmation must be available upon request by the Tournament Director. In the event it is determined that the below information is not accurate, I/we understand that our team and each individual will forfeit all fees and admissions paid to attend Jammin in Jasper and be removed from the tourney; with no refunds. Furthermore, by signing below I/We agree to abide by all rules established by Sponsors to govern the tournament both on and off the court.

Players Name	Grade	School Enrolled In	Parent / Guardian Signature	Date
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

Coach name: _____ email _____ Cell # _____ Home # _____