



**JIM THORPE NATIVE AMERICAN GAMES
2014 OFFICIAL BASKETBALL TEAM ENTRY
AND LIABILITY FORM
June 10-12, 2014**

To secure a spot for your team in the Jim Thorpe Native American Games Basketball Tournament, complete this form and return, along with a copy of each team member's CDIB card, Tribal Enrollment card or Lineal Descent letter and a cashier's check or money order for \$250 (non-refundable) payable to Jim Thorpe Native American Games, 13924 Quail Pointe Drive, Oklahoma City, OK 73134. **Entry forms are due no later than May 1, 2014. All items listed above must be submitted in order for an entry to be complete and to secure a spot in the tournament. No exceptions. Incomplete or unreadable entry forms will be returned. For information contact Jim Thorpe Native American Games at 1-405-208-9253 or info@jimthorpegames.com.**

Team Name: _____ Boys _____ Girls _____

Coach: _____ Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

E-mail: _____ Fax:(optional) _____

Additional Contact Person: _____ (phone) _____

Division Entering: (Age is determined by the age of the athlete as of June 8, 2014)

U12 U14 U16 U19 / BOYS GIRLS

PLAYER PROFILES (please provide a shirt size for each player and a size for 2 coaches)

Name: _____ Age: _____ Tribe: _____ Shirt _____

JIM THORPE NATIVE AMERICAN GAMES
WAIVER AND RELEASE FROM LIABILITY

I hereby certify that I understand and agree to the following: Participating in sports involves a variety of movement and motions – including but not limited to jumping and running – therefore, participation in these activities involves some amount of inherent danger and risk of personal injury. We, as a team have read and agree to abide by the rules and regulations that govern the Jim Thorpe Native American Games tournament. I fully understand and agree that the tournament officials and volunteers will not tolerate any verbal abusive language and/or physical threats. I also understand that the tournament organizers and the facilities are not responsible for any injuries or accidents incurred during the tournament, or for lost and damaged items. I waive any and all liability against the Jim Thorpe Native American Games, Access Sports, Tournament Director, tournament staff, trainers, volunteers, sponsors and the owners and operators of any facility utilized by the tournament.

I affix my signature as verification to the preceding statement:

Coaches Name: _____ Signature of Coach: _____

Date: _____

Player's Name (first & last)	Player's Signature (if under 18 parent/guardian signature)
1.	
2.	
3.	
4.	
5.	
6.	
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11.	
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16.	