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Nooksack Valley Drug
c/o 3 on 3 basketball
208 E. Main Street
Everson, WA 98247

Everson/Nooksack 3 on 3 Basketball Registration Form

Team Name: _____

Check the appropriate division (Grade 2018/2019 school year): Boys _____ Girls _____

___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th

Player #1

Address

City, State, Zip

Age Grade Height

Playing Experience:

Rec MS AAU

Player #2

Address

City, State, Zip

Age Grade Height

Playing Experience:

Rec MS AAU

Player #3

Address

City, State, Zip

Age Grade Height

Playing Experience:

Rec MS AAU

Player #4

Address

City, State, Zip

Age Grade Height

Playing Experience:

Rec MS AAU

SPORTSMANSHIP PLEDGE

I have read and understand the registration policies. I also realize that I am responsible for my team's conduct of play (players and adults). I vow to help assist my team in a sportsmanlike manner (players and adults). In the event that my team fails to do so, I realize that my team may be ejected from the tournament.

(Must be 18 or older) Team Coach Name (Print): _____

Team Coach Signature: _____

Team Coach Phone: _____

Team Coach Email: _____

For Confirmation and/or
weather related issues

ALL APPLICANTS/PARENTS MUST SIGN THE HOLD HARMLESS AGREEMENT ON THE NEXT PAGE IN ORDER TO PARTICIPATE

** Use additional sheets as necessary