

# Plummer Days Cops and Ballers 3on3 Registration Form July 20<sup>th</sup>, 2024

Team Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Team Captain Full Name (First, Middle, Last): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Best phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**REGISTRATION FEES ARE DUE AT THE TIME OF APPLICATION  
CIRCLE ONE OF THE FOLLOWING DIVISIONS**

**ADULT COED - \$50**

**JUVENILE COED - \$30**

*Teammates:* 1. \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_  
2. \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_  
3. \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_  
4. \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

Telephone numbers where emergency contacts can be reached. Please list Work, Home and/or Cell:

<i>EMERGENCY CONTACT (Each Player)</i>	<i>Phone Numbers (Best Method to contact)</i>	<i>Relationship</i>

**All Games will be played at the Coeur d'Alene Tribal Police Parking Lot Located at 125 10<sup>th</sup> Street Plummer, ID**

**Complete Applications can be mailed to: Coeur d'Alene Tribal Police  
Cops and Ballers 3 on 3 Tournament or Dropped off at:  
P.O. Box 408 CDA Tribal PD  
Plummer, ID 83851 Plummer City Hall**

**Registration Information: 1) This registration form must be filled out and each team member must fill out and sign a "Waiver & Medical Consent" form. If you are under 18 a parent or guardian must sign the form. 2) Each team must consist of 3 or 4 players. All games must start with three players. 3) Teams will be divided into divisions according to age. False information will be grounds for dismissal from the tournament. Brackets and Divisions are tentative and maybe adjusted as necessary. 4) I realize that I am responsible for my own and my teammates conduct of play. I vow to present myself and represent my team in a sportsmanlike manner In the event that I fail to do so, I realize that both myself and my team may be ejected from the tournament. 5) Adverse weather or unplayable conditions may result in modification or cancellation of the tournament. Under these unlikely situations, each team will receive its T-Shirts. UNDER NO CIRCUMSTANCES WILL THE ENTRY FEE BE REFUNDED.**

**Entry Deadline is July 20<sup>th</sup>, 2024, 9:00am**

# Waiver & Medical Consent Form

## For All Players – Plummer Days Cops and Ballers 3 on 3 Participation Waiver & Medical Consent Form July 15<sup>th</sup> 2023 Authorization for Consent to Medical Treatment

I, the undersigned, do hereby authorize any x-ray examination, anesthesia, medical or surgical diagnosis or treatment diagnosis or treatment and hospital service that may be rendered to myself under general or special instructions of the family physician, \_\_\_\_\_, M.D. whether such diagnosis and/or treatment is rendered at the office of said diagnosis and/or treatment is rendered at the office of said physician or at a hospital. In the event there is no family physician, I authorize representatives of the Plummer Days 3 on 3 Organizers to secure appropriate medical attention at the nearest medical facility available. It is understood that this consent is given in advance of any specific diagnosis or treatment being required and said physician to exercise his or her best judgment as to requirements of such diagnosis or treatment.

This shall remain in effect for the day of this event and the duration of any medical emergency that may arise from participation in this event, unless sooner revoked in writing by the undersigned.

### Medical Information Needed

PLEASE COMPLETE WAIVER & MEDICAL TREATMENT CONSENT FORM BEFORE RETURNING TO Plummer City Hall or the Coeur d'Alene Tribal Police Department.

Allergies (drug or food) \_\_\_\_\_

Current Medication(s) child is taking \_\_\_\_\_

Any Current Health Problem (ex. Asthma, Diabetes) \_\_\_\_\_

Family Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
(Print Name of Participant and Parent if Under 18)

\_\_\_\_\_  
(Participant's signature or Parent if Under 18)

\_\_\_\_\_  
Date

### Waiver

I understand that the Plummer Days Organizers and the Coeur d'Alene Tribe assume no responsibility for injuries or illness which I may sustain as a result of my physical condition or resulting from my participation in the Plummer Days 3 on 3 basketball tournament. I expressly acknowledge on behalf of myself that I assume the risk for all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge Plummer Days Organizers and the Coeur d'Alene Tribe, their agents, servants, volunteers and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the Plummer Days Organizers and the Coeur d'Alene Tribe their agents, servants, volunteers and employees are not responsible for personal property lost or stolen while attendees and/or participants are participating in Plummer Days. I give my permission to the Plummer Days Organizers and the Coeur d'Alene Tribe to use indefinitely, without limitation or obligation, photographs, film footage, audio recordings or tape recordings, which may include my image or voice for purpose of promoting or interpreting the Plummer Days.

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(Participant's Signature or Parent Signature If Under 18)

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Date