

GLACIER FREEZE TOURNAMENT PARTICIPANT LIST

| Participant's Name | Parent Phone # | Parent Name | Parent Signature |
|--------------------|----------------|-------------|------------------|
| 1) _____ | _____ | _____ | _____ |
| 2) _____ | _____ | _____ | _____ |
| 3) _____ | _____ | _____ | _____ |
| 4) _____ | _____ | _____ | _____ |
| 5) _____ | _____ | _____ | _____ |
| 6) _____ | _____ | _____ | _____ |
| 7) _____ | _____ | _____ | _____ |
| 8) _____ | _____ | _____ | _____ |
| 9) _____ | _____ | _____ | _____ |
| 10) _____ | _____ | _____ | _____ |
| 11) _____ | _____ | _____ | _____ |
| 12) _____ | _____ | _____ | _____ |

Team Name:

Division:
 Boys

Grade Level
 4th

Parents, by signing this form, you are agreeing to the following:

Coach Name:

Girls

5th

I, the above signed, release all employees of Glacier High School and School District 5 from all claims on account of injury sustained by my son/daughter while participating in the Glacier Freeze Basketball Tournament. I further authorize the tournament directors to act for me, in my absence, in his or her best judgment in case of any emergency requiring medical attention.

6th

Coach Cell #:

7th

Coach Email:

8th

Thank you for registering for the Glacier Freeze Basketball Tournament. All money raised will go directly to the Glacier High School Boys and Girls Basketball Programs at Glacier High School.

Thanks, Mark Harkins 406-261-5077 and Amanda Cram 406-549-8249