

Mental Health America 3 on 3 Basketball Tournament For Suicide Prevention & Awareness In Memory of Lou Mitchell Saturday, August 6, 2016 at 9:00am



REGISTRATION FORM



Mental Health America of Licking County (MHALC) has partnered with the Newark Wildcats to raise money and awareness for the Suicide Prevention Program in memory of a great man. Lou Mitchell gave so much to his community, and MHALC and the Wildcats would like to honor him with this fundraising tournament. The cost is \$50 per team with each team consisting of 3 to 5 players. All proceeds go to MHALC's Suicide Prevention Program which is dedicated to reducing the number of deaths by suicide in Licking County. Payment and registration must be received by **12:00 noon Monday, August 1st**. Please make checks payable to Mental Health America of Licking County with "Suicide Prevention" in the memo area and send completed registration forms to 65 Messimer Drive, Unit 3, Newark, OH 43055. All correspondence, including a Rules Sheet and team game time, will be handled via email or text message from Jeff Quackenbush to **team captains only**.

Please print all information legibly

Male _____ Female _____

Division

10 and under

11-13

14-15

16-18

Team Name _____

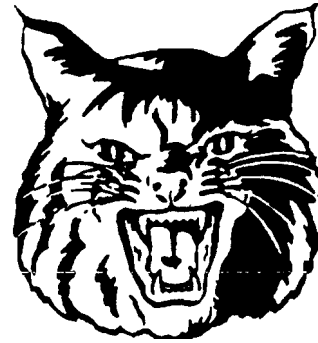
Captain	Player 2	Player 3	Player 4	Player 5
_____	_____	_____	_____	_____
Name	Name	Name	Name	Name
_____	_____	_____	_____	_____
Email	Email	Email	Email	Email
_____	_____	_____	_____	_____
Phone Number	Phone Number	Phone Number	Phone Number	Phone Number
_____	_____	_____	_____	_____
*Parent/Guardian Signature	*Parent /Guardian Signature	*Parent/Guardian Signature	*Parent/Guardian Signature	*Parent /Guardian Signature

Waiver

Every player and parent or guardian, if under 18, must read this waiver. Signatures on the registration form signify each person has read, understands, and abides by the information. There are risks connected with my/my child's participation in this tournament and its related activities. I understand that the sport of basketball is in itself hazardous and may result in injury to me/my child or other players. I hereby voluntarily assume all risk of accident or injury to me/my child which may arise out of participation in this tournament, hereby intending to release the Newark City Schools, Booster Club, and Mental Health America of Licking County, and the personnel associated with this program from liability that may result from participation. My signature grants permission to have my child's picture taken and posted in Mental Health America of Licking County's social media and publications (website, news-letter, Facebook, etc.)

The tournament will begin at 9:00 am on Saturday, August 6th at Newark High School. Each team captain will be notified by email or text message their team's specific start time. A Rules Sheet will be distributed via email to each team captain prior to the tournament. The Newark Wildcats and Mental Health America of Licking County will make every effort to have this be a fun and family-friendly environment. Please read the Rules Sheet carefully and plan to abide by the rules of the tournament. You may also download a copy of this registration form at www.mhalc.org.

If you have any questions, please contact Jill Goddard at MHALC at (740) 522-1341.



Payment

Check _____

CC Payment

Name on Card _____ Acct.# _____

Address _____ City/State/ZIP _____

Expiration Date _____ 3 digit security code (on back) _____

Total Amount Charged _____ Signature: _____