

**S.A.V.E. PROGRAM**  
**6th ANNUAL BASKETBALL TOURNAMENT**  
**FEBRUARY 26th-28TH 2016**



**WHO: 3RD-8TH GRADE BOYS AND GIRLS(Multiple Skill Divisions)**

**WHEN: FEBRUARY 26th-28th 2016**

**WHERE: Grace University, South High School, AND OTHERS**

**COST: \$130 FOR 3 GAME GUARANTEE**

**CERTIFIED OFFICIALS, AWARDS**

**Team Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **(Circle One) Boys Girls**

**Head Coach** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Day Phone** \_\_\_\_\_ **Eve Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email address for team/coach contact (required):**

\_\_\_\_\_

**Conflicts** \_\_\_\_\_

**Honestly Rank Your Team (lowest) 1 2 3 4 5 6 7 8 9 10 (highest)(Teams are seeded by rankings)**

**RETURN FORM AND CHECK PAYABLE FOR \$130 TO:**

**S.A.V.E. PROGRAM(attn: Kevin Melcher)**

**6301 Kentucky Rd.**

**Papillion, NE 68133**

**FOR MORE INFORMATION VISIT:**

**WWW.SAVEPROGRAM.ORG OR CALL 402-208-7536**



## MEDICAL WAIVER

I hereby release the S.A.V.E. Program, and all other tournament coaches and volunteers, along with the S.A.V.E. Program, Omaha Public Schools, Grace University, University Nebraska of Omaha and any Omaha Public Schools employees from any injury and or illness that may result from participation in the S.A.V.E. Program Basketball Tournament.

I certify that my team is in good physical health and can participate in all tournament activities. I grant permission for the tournament directors to act on my behalf in case of medical emergency. I understand that I am responsible for all medical expenses and waive any and all liability due to injuries or negligence from the above mentioned individuals.

Team Name \_\_\_\_\_

Coach Signature \_\_\_\_\_

Date \_\_\_\_\_

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