

Kin On Sports Tournament**2015 KIN ON BASKETBALL TOURNAMENT****SUN, October 25, 9:30am – 4:30pm | Seattle Central College****Registration & Consent/Release Form (1 of 2)****All players must sign consent form before participating in the tournament.**

The undersigned declares that he/she is organizing a basketball team to participate in the 2015 Kin On Basketball Tournament (the "Tournament") held at Seattle Central College on October 25, 2015. The Tournament is sponsored by Kin On Community Health Care as a fundraising activity.

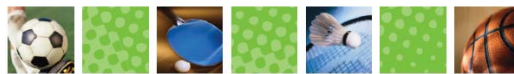
Each member of the team will be asked to sign a waiver form on the day of the tournament to release Kin On Community Health Care, Kin On Health Care Center, and their respective directors, officers, employees, agents and contractors from any liability whatsoever in connection with any injuries that he/she might suffer as a result of his/her participation in the Tournament.

By signing this form, the undersigned certifies that he/she has read and understands all of its terms.

Team Name: _____

Player's Name	Player's or Guardian's (if under 18) Signature	Date Signed	Emergency Contact	Emergency Phone
1				
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8th Annual 第八屆健安慈善運動會
Kin On Sports Tournament



2015 KIN ON BASKETBALL TOURNAMENT

SUN, October 25, 9:30am – 4:30pm | Seattle Central College

Registration & Consent/Release Form (2 of 2)

By signing this form, the undersigned certifies that he/she has read and understands all of its terms.

Team Name: _____

Captain's Name: _____

Captain's Email: _____

Captain's Phone: _____

Captain's Address: _____

Co-Captain's Name: _____

Co-Captain's E-mail: _____

Co-Captain's Phone: _____

Captain's Signature: _____

Date: _____