



2016 KIN ON BASKETBALL TOURNAMENT

SUN, October 23, 8:30am – 4:30pm | Hidden Valley Boys & Girls Club

Thank you for participating in the 2016 Kin On Sports Tournament. Proceeds from this event benefit the Kin On Expansion Project to include a new community center, assisted living facility, adult family home, and nursing home renovations (short-term rehab wing expansion and sun room). Visit www.kinon.org to learn more!

ENTRY FEE **\$350 per team of 12 players; \$30 per additional player**

REGISTRATION Please mail Team Registration form and Consent/Release form along with payment (check payable to Kin On) to

Kin On Development Office
4416 S. Brandon St.
Seattle, WA 98118

Online registration available at <https://kinon.ejoinme.org/basketball>

REGISTRATION DEADLINE **October 1, 2016**

SCHEDULE	8:30 AM	Team Registration (Social AM)
	9:00 AM	1st Round of Games (Social AM)
	10:00 AM	2nd Round of Games (Social AM)
	11:00 AM	3rd Round of Games (Social AM)
	12:00 PM	Trophy Presentation (Social AM)
	12:30 PM	Team Registration (Social PM)
	1:00 PM	1st Round of Games (Social PM)
	2:00 PM	2nd Round of Games (Social PM)
	3:00 PM	3rd Round of Games (Social PM)
	4:00 PM	Trophy Presentation (Social PM)

DIVISIONS/TEAMS Maximum 10 teams (max. 15 players per team) in each division: Social AM (6 teams) and Social PM (4 teams), each team will play 3 games (single round robin)

PRIZES Awards will be presented to winning teams after the games.

QUESTIONS **Tournament Co-Chairs:**
Casey Nelson and Colin Moy basketball@kinon.org
Kin On Fund Development Office:
206.721.3630 or development@kinon.org

WEBSITE Visit www.kinon.org for latest event information



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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 2016 Kin On Basketball Tournament (the "Tournament") held at Hidden Valley Boys & Girls Club on October 23, 2016. 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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

9th Annual 第九屆健安慈善運動會
Kin On Sports Tournament



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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: _____