



March 18, 2017
Battlefield High School

To guarantee a Team's participation, registration must be mailed with team payment of \$100 postmarked by Feb 25 or \$125 after Feb 25 to: BHS Athletic Booster Club Shamrock Shootout P.O. Box 1050; Haymarket, VA 20168

Select A Division

- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade

Boys Girls

Deadline for team registration admission must be postmarked by **March 6th, 2017**.
 email: bhsshshamrock3on3@yahoo.com

EVERY PARENT OR GUARDIAN MUST READ THIS WAIVER FORM AND SIGN IN APPROPRIATE SPACE OR ALLOW THE TEAM-LEAD PARENT OR GUARDIAN TO SIGN FOR YOU AND YOUR CHILD. SIGNATURES ON THE REGISTRATION FORM SIGNIFY UNDERSTANDING AND ACCEPTANCE.

By signing, I am granting my child permission to play in the Shamrock Shootout sponsored by the Battlefield High School Athletic Boosters. I understand there are risks associated with my child's participation in this tournament and its related events. I release and discharge the Prince William County School District, Battlefield High School (BHS) and the BHS Athletic Booster officers, members and volunteers from all action, suits, and demands whatsoever in law or in equity including but not limited to the risk of injury from playing in the events and risk of personal property by theft or otherwise. The participant agrees to play by the rules of the tournament and understands that event officials reserve the right to eject players from the game and/or school property due to rowdiness or disrespectfulness without refunds paid.

For administration use only:
 Fees Paid _____ Check #(s) _____

Team Name: _____

Team Parent Name: _____ email: _____

One email will be sent to the email provided above to confirm registration and announce check in and start times.

Player 1

Name	Email Address		
Address	City	State	Zip
Home Phone#	Emergency Phone#		
School	Grade	DOB	
Parent/Guardian/Team-Leader Signature	Circle T-shirt size:	(Child) XS S M L	(Adult) S M

Player 2

Name	Email Address		
Address	City	State	Zip
Home Phone#	Emergency Phone#		
School	Grade	DOB	
Parent/Guardian/Team-Leader Signature	Circle T-shirt size:	(Child) XS S M L	(Adult) S M

Player 3

Name	Email Address		
Address	City	State	Zip
Home Phone#	Emergency Phone#		
School	Grade	DOB	
Parent/Guardian/Team-Leader Signature	Circle T-shirt size:	(Child) XS S M L	(Adult) S M

Player 4

Name	Email Address		
Address	City	State	Zip
Home Phone#	Emergency Phone#		
School	Grade	DOB	
Parent/Guardian/Team-Leader Signature	Circle T-shirt size:	(Child) XS S M L	(Adult) S M