



**14<sup>th</sup> Annual Teen Resource Center  
Basketball 3 on 3 Tournament Application**

Date: **Saturday, July 15, 2017**

Location: **Sara D. Roosevelt Park at Grand and Chrystie Streets**

Full Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_ **\*Each team must consist of 4 players.\***

Names of other players on team \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\*\* Each player is required to submit an individual registration form! \*\*

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cellular/Home Phone No: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

How did you find out about the CBWCHC's TRC Basketball Tournament? \_\_\_\_\_

By signing below, I agree to participate in the 3-on-3 basketball tournament being held at the Charles B. Wang Community Health Center's TRC Basketball Tournament at Sara D. Roosevelt Park. I agree to release and hold harmless the Health Center, its employees, agents, volunteers and event sponsors from any and all claims and suits for damages, loss or injury arising from this event. I hereby grant permission for event organizers to record any or all of my participation in this event for photos, TV, radio, motion pictures, and videotapes for use in publicity, promotions, or advertising without any reimbursements.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18 yrs of age): \_\_\_\_\_ Date: \_\_\_\_\_

**\*Participants under 18 years of age must provide completed parent/guardian tournament consent form**

**ALL PLAYERS MUST COMPLETE THE FOLLOWING CHECKLIST! (READ CAREFULLY)**

<p>Please check one of the following divisions:</p> <p><input type="checkbox"/> Junior Co-ed Division (Team of boys or girls, or mixed, 13-15 years old)</p> <p><input type="checkbox"/> Female Division (16-21 years old)*</p> <p><input type="checkbox"/> Male Division 1 (16-18 years old)</p> <p><input type="checkbox"/> Male Division 2 (19-21 years old)*</p> <p>* No one born before July 15, 1995 will be allowed to play in the tournament.</p>
<p><input type="checkbox"/> I understand that the basketball tournament runs on a <b>first come-first serve</b> basis and has <b>limited</b> spots.</p>
<p><input type="checkbox"/> I understand that <b>all</b> players on my team need to be present when handing in an application.</p>
<p><input type="checkbox"/> I would like to request the following size for my t-shirt and understand that it is subjected to availability.</p> <p><input type="checkbox"/> Small    <input type="checkbox"/> Medium    <input type="checkbox"/> Large    <input type="checkbox"/> X-Large</p>
<p><input type="checkbox"/> I understand that I <b>must</b> submit my application <b>in-person</b> with photo ID/passport including <b>date of birth</b> to: <b>Charles B. Wang Community Health Center / Teen Resource Center (TRC)</b> <b>125 Walker Street. 2<sup>nd</sup> Floor, New York, NY 10013</b></p>
<p><input type="checkbox"/> I have completed the photo consent form / My parents completed the photo consent form (players under 18 years old)</p>

If you need an electronic version of the application or have any questions,  
please visit [trc.cbwchc.org](http://trc.cbwchc.org) or contact Kyla Cheung at (212) 226-2044 or [kycheung@cbwchc.org](mailto:kycheung@cbwchc.org).

Office use only
Staff _____
Date _____



**14<sup>th</sup> Annual Teen Resource Center Basketball 3 on 3 Tournament**  
**Consent Form (for minors, under 18 years old)**

I hereby grant permission for my child \_\_\_\_\_ to participate in the 2017 Basketball Tournament, an activity sponsored by the Charles B. Wang Community Health Center’s Teen Resource Center (TRC). The mission of the TRC is to provide information and support to the Asian American adolescent population through health education, youth programs and activities, and referrals.

I understand that the Basketball Tournament will take place at Sarah D. Roosevelt Park. My child will be asked to play in the tournament and follow basketball rules and regulations.

I understand that my child’s participation in the Basketball Tournament is voluntary. I agree to assume the risk associated with participation. I agree to hold the TRC and the Charles B. Wang Community Health Center, their employees, agents, volunteers and representatives harmless from any and all liabilities, actions, causes of actions, claims or demands which may arise in connection with my child’s participation in the Basketball Tournament.

I also give consent to Charles B. Wang Community Health Center to use any photograph, video pictures, recordings or any other record of my child’s participation in the Basketball Tournament for any legitimate purpose without compensation.

I have fully read the above permission and releases, understand them, and agree to them. I also certify that my child is physically able to participate in the activity.

Signature of Parent/Guardian: \_\_\_\_\_

Relationship of the Guardian to the Child: \_\_\_\_\_

Date: \_\_\_\_\_

Office use only
Staff _____
Date _____



Photo and Film Release and Consent Form (18 years old and up)

By signing this release, I \_\_\_\_\_ authorize the Charles B. Wang Community Health Center (Health Center) and/or its designees to film or take pictures and to use photographs, or other likenesses of myself for education, training, public relations, or promotional purposes. The use may be in print or electronic form in Health Center or other designated publications, presentations, newsletters/bulletins, videos, Web sites, and other media forms.

This consent is given without promise of compensation. The photos and film, or other likenesses specified above become the property of the Charles B. Wang Community Health Center. I release to the Health Center any right, title, and/or interest of any kind that I may have in the images produced. I have read this document and understand its contents.

*Please note at any time you may change your photo and film consent status within the Health Center. However, photos and film already taken prior to this change cannot be rescinded. Your photo and film will be taken offline immediately, BUT printed publications or internet caching of the photos and film will continue to exist. If you decide to change your consent and discontinue the use of your photographs or film, please call the Health Education Department at 212-966-0461.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State & zip code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Office use only
Staff _____
Date _____



Photo and Film Release and Consent Form (Minor under 18 years old)

I hereby certify that I am the parent/guardian of (name of minor) \_\_\_\_\_.

By signing this release, I \_\_\_\_\_ authorize the Charles B. Wang Community Health Center (Health Center) and/or its designees film or take pictures and to use photographs, or other likenesses of my child for education, training, public relations, or promotional purposes. The use may be in print or electronic form in Health Center or other designated publications, presentations, newsletters/bulletins, videos, Web sites, and other media forms.

This consent is given without promise of compensation. The photos, film, or other likenesses specified above become the property of the Charles B. Wang Community Health Center. I release to the Health Center any right, title, and/or interest of any kind that my child may have in the images produced. I have read this document and understand its contents.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State & zip code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Office use only
Staff _____
Date _____