

2025 NHIBT TOURNAMENT BASKETBALL

Participant Registration, Release and Roster Form

This form must be completed and submitted **prior** to participating in any NHIBT Basketball Tournament or sponsored athletic event. Participants will be ineligible to compete if their name does not appear on the form with appropriate release signature.

Team Name: _____ **Location:** _____ **Division:** _____

Coach Name: _____ **Cell Phone:** _____ **Email:** _____

In consideration of the National Hellenic Invitational Basketball Tournament (NHIBT) permitting the below named person to participate in the **2025 NHIBT Tournament**, I hereby release the NHIBT and the facilities utilized for NHIBT activities, their employees, representatives, agents, officers, successors and assigns from responsibility for any claims arising from injury or death as a result of my participation in any NHIBT organized event.

I understand that basketball can be a physical game and there are certain risks of injury inherent in the game; I also release the above mentioned entities, persons, and groups from these types of injuries. I further release the above mentioned entities, persons and groups from any intentional or grossly negligent acts with respect to the gymnasiums and other facilities, maintenance, condition, placement of equipment, design and other safety features.

In the event the below named participant is a minor, I hereby certify that I am his/her parent or legal guardian. In that capacity, I hereby release the NHIBT and any other facility utilized for NHIBT activities, their employees, representatives, agents, officers, successors and assigns from responsibility for any claims arising from injury or death as a result of participation in an NHIBT organized event. Such release is also effective for any claims of the above named participant's parents, guardians, trustees, administrators, heirs or executors.

I hereby indemnify the NHIBT and any other facility utilized for NHIBT activities for any damages or costs they incur as a result of any injury or death covered by this release. I acknowledge I understand that medical insurance is the sole responsibility of event participants. I also certify that the below named participant is in good physical health and is able to participate in any NHIBT sponsored activity.

I understand that in the event any of these paragraphs are held to be not valid by a court, the remainder of the contract is still valid.

**** I also attest and confirm that the participants listed are all of Hellenic decent and/or meet eligibility requirements ****

ROSTER

After reading the release above, the following information must be completed for each participant. All participants age 18 & older are required to sign in the space provided. Participants below age 18 are required to have a parent's signature. PLEASE PRINT except for signature.

Participant's Name	Address	City	State	Zip
Phone Number	Birthdate	Signature		
Participant's Name	Address	City	State	Zip
Phone Number	Birthdate	Signature		
Participant's Name	Address	City	State	Zip
Phone Number	Birthdate	Signature		
Participant's Name	Address	City	State	Zip
Phone Number	Birthdate	Signature		

(Roster Continued on Opposite Side)

Participant's Name	Address	City	State	Zip
--------------------	---------	------	-------	-----

Phone Number	Birthdate	Signature
--------------	-----------	-----------

Participant's Name	Address	City	State	Zip
--------------------	---------	------	-------	-----

Phone Number	Birthdate	Signature
--------------	-----------	-----------

Participant's Name	Address	City	State	Zip
--------------------	---------	------	-------	-----

Phone Number	Birthdate	Signature
--------------	-----------	-----------

Participant's Name	Address	City	State	Zip
--------------------	---------	------	-------	-----

Phone Number	Birthdate	Signature
--------------	-----------	-----------

Participant's Name	Address	City	State	Zip
--------------------	---------	------	-------	-----

Phone Number	Birthdate	Signature
--------------	-----------	-----------

Participant's Name	Address	City	State	Zip
--------------------	---------	------	-------	-----

Phone Number	Birthdate	Signature
--------------	-----------	-----------

Participant's Name	Address	City	State	Zip
--------------------	---------	------	-------	-----

Phone Number	Birthdate	Signature
--------------	-----------	-----------

Participant's Name	Address	City	State	Zip
--------------------	---------	------	-------	-----

Phone Number	Birthdate	Signature
--------------	-----------	-----------

Participant's Name	Address	City	State	Zip
--------------------	---------	------	-------	-----

Phone Number	Birthdate	Signature
--------------	-----------	-----------

NOTE: A photocopy of this side of the form can be made and attached if additional space is needed.