ALOHA LEGENDS HAWAII

SPORTS ORGANIZATION

# 2025 KING OF THE COURT 3-ON-3 AND THREE POINT CONTEST REGISTRATION FORM

***FORMS DUE SATURDAY SEPT 13***

**PARTICIPANT:**

FULL NAME: _____

DATE OF BIRTH (Month/day/year): _____

HIGH SCHOOL & GRADE: _____

**EMERGENCY CONTACT:**

RELATION TO PARTICIPANT: _____

FULL NAME: _____

DATE OF BIRTH (Month/day/year): _____

CONTACT PHONE #: _____

EMAIL ADDRESS: _____

Select event(s) below:

| | | | |
|---|---|---|---|
| ☐ | KING OF THE COURT 3-ON-3 | Saturday Sept 20th<br>Palama Settlement, Check-In: 10:00am<br>High school students only | $10 per participant<br><br>(payment options below) |
| ☐ | THREE POINT CONTEST | Sunday Sept 21th<br>Palama Settlement, Check-In: TBD<br>High school students and Adults | Free |

## KING OF THE COURT PAYMENT OPTIONS

$10 per participant

*Payment due by Sat Sept 13th*

PayPal venmo CASH

$

*Please put participant's name in the PayPal / Venmo memo note section

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SPORTS ORGANIZATION

# 2025 KING OF THE COURT 3-ON-3 AND THREE POINT CONTEST
# WAIVER AND RELEASE OF LIABILITY

I/We as an individual and as a team, or as a fundraiser booth coordinator, volunteer, spectator, or sponsor, have read and agreed to abide by the Rules & Regulations that govern the Aloha Legends 2025 basketball tournament, September 20, 2025 and September 21, 2025, set forth by Aloha Legends Sports Organization. I/We fully understand and agree that the tournament officials and volunteers will not tolerate any verbal abusive language and or physical threats. I/We also understand that Aloha Legends Sports Organization and its affiliates, including but not limited to its tournament organizers, sponsors, and the facilities, are not responsible for any injuries or accidents incurred during the tournament, or for lost and damaged items. I/We grant permission for the tournament organizers to seek emergency medical treatment if needed. I/We waive any and all liability against Aloha Legends Sports Organization (dba Aloha Legends Hawaii), the tournament director, tournament staff, trainers, volunteers, sponsors and the owners and operators of any facility utilized by the tournament.

By signing below, I authorize Aloha Legends Sports Organization and its affiliates CORE Sports Analysis, LLC and CORE Sports Honolulu, LLC to use photos or videos of me during this current event for marketing, advertisement, community sharing and awareness on various social media platforms like instagram, yelp, blogs, flyers, etc). I understand that I will not receive any monetary gain or value for this.I hereby release Aloha Legends Sports Organization, CORE Sports Analysis and CORE Sports Honolulu LLC, the owners and its staff members from all claims and demands arising out of my social media connection with the above-mentioned companies. By signing below, you have read all of the rules and regulations and agreed to the terms and conditions above.

As a tournament participant, I affix my signature as verification to the preceding statement..

PARTICIPANT FULL NAME:_____ SIGNATURE: _____ DATE: _____

As the parent/guardian, I affix my signature as verification to the preceding statement and give permission to receive a phone call or text to verify that I approve the above minor to participate.

PARENT/GUARDIAN FULL NAME: _____ SIGNATURE: _____ DATE: _____

PHONE #: _____ EMAIL: _____

*****REGISTRATION AND WAIVER FORMS DUE SATURDAY SEPT 13*****

**Email registration and waiver forms to ALOHALEGENDSHAWAII@GMAIL.COM**
**OR**
**Drop off at any of these Core Sports Physical Therapy locations below**
**8:30 am - 7:00 pm, Monday - Thursday**

**Kapolei Location**
**599 Farrington Hwy Ste 102**
**Kapolei, HI 96707**

**Honolulu Location**
**725 Kapiolani Blvd Ste C103**
**Honolulu, HI 96813**