

# Entry Form

## SWAG Free Throw Contest

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Female / Male      Age: \_\_\_\_\_      D.O.B: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zipcode: \_\_\_\_\_

Telephone Number:  
\_\_\_\_\_

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

School: \_\_\_\_\_ (If not part of HSSD, please include address)

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

(If under the age of 18)

By signing below, the undersigned requests and approves of the entrant's registration and participation in the SWAG Free Throw Contest. In consideration for the entrant's participation in the Contest, the undersigned (1) acknowledges that the entrant's participation will be at the sole risk of the entrant and the undersigned and (2) agrees to release, indemnify and hold SWAG (student wellness awareness group) and Bay View, its subordinate units, officers, agents, members and employees harmless from any and all demands, claims or causes of action arising from or relating to the entrant's participation in the Contest. The undersigned also agree to allow representatives from SWAG or any of its subordinate units to take and publish photographs or videos of the entrant during the Contest. The entrant may compete in once and in their grade group..

Below is to be filled out by SWAG (Student Wellness Awareness Workers)

Time Started : \_\_\_\_\_      Time Ended: \_\_\_\_\_      Hoop #: \_\_\_\_\_

Rebounder: \_\_\_\_\_      Score Keeper: \_\_\_\_\_

Free Throws Made: \_\_\_\_\_/100    Paid: \_\_\_\_\_