THE 9th ANNUAL **ARROWHEAD CLUB BASKETBALL TOURNAMENT**



April 19, 2025 REGISTRATION-3 Games

Please submit \$200 CASH, CHECK OR MONEY ORDER

(make payable to the ARROWHEAD CLUB) to the following address:

Rachel Finnegan

Arrowhead Club P O Box 608

Turlock CA 95381

jmc@pmz.com or arrowheadclubtur@gmail.com

REGI	STRAT	ION DE	ADLIN	NE IS Ap	oril 4, 2025
Club Name:			BOYS or GIRLS circle one only please!		
Head Coach Name: Club Mailing Address	Circle one	6 th 7 th e only please.	8 th 9, JV,	Varsity	
City:	State:	Zip:			
Head Coach Cell Phon	ne:	Н	ead Coach	E-Mail:	
Alternate Contact Nur Special Request:	mber:				
PLAYER'S NAME 1. 2.					AAU#
3					
7					
10					
13					

Arrowhead Club Tournament (April 19, 2025) REGISTRATION FORM (PAGE 1 of 2)

RELEASE OF LIABILITY

By signing this document, I hereby authorize the staff of the Arrowhead Club to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release all facilities and the Arrowhead Club, Turlock High School from any and all liability for any injuries incurred while at any Arrowhead Club event and/or facility. I have no knowledge of any physical impairment(s) that would be affected by my players, my coaching staff and/or my own participation in this tournament. I also understand that the Arrowhead Club retains the right to use for publicity and/or advertising purposes any photographs of any participants taken at any Arrowhead Club event(s). I also understand and agree to surrender my tournament registration fee in full as a *forfeit fee* should my team forfeit for any cause at all, plus my team will not be allowed to participate in any Arrowhead Club Tournament for up to twelve (12) months following the forfeit.

Head Coach or Team Manager	Date
Team Name (please print)	
Questions???	

Greg Mc Mullen (209) 678-7638

Arrowhead Club basketball Tournament (April 19, 2025)
REGISTRATION FORM

(PAGE 2 of 2)