

2017 ST. KILIAN BASKETBALL TOURNAMENT ENTRY FORM

NAME OF SCHOOL: _____

School Nickname: _____

School Colors: _____

Please check appropriate team:

5th Grade Boys

6th Grade Boys

7th Grade Boys

8th Grade Boys

5th Grade Girls

6th Grade Girls

7th Grade Girls

8th Grade Girls

Head Coach: _____

Phone: _____

Mailing Address: _____

Cell: _____

Coach's Email: _____

Assistant Coach: _____

Phone: _____

Athletic Director: _____

LIST ANY SCHEDULE CONFLICTS! _____

PLEASE TYPE OR PRINT ROSTER

Jersey Number	Player Name
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____

Preliminary rosters can be emailed to: jmthomae@hotmail.com

FACILITY USAGE/INDEMNITY AGREEMENT

PARISH: St. Kilian

FACILITY USER: (Your school/team here)

DATES OF FACILITY USAGE: 02/13/2017 thru 02/26/2017

TYPE OF FACILITY USAGE: 45th Annual St. Kilian Invitational Basketball Tournament

The above named FACILITY USER agrees to defend, protect, indemnify and hold harmless the above named PARISH against and from all claims arising from the negligence or fault of the above named FACILITY USER or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above identified FACILITY USAGE at the above named PARISH.

FACILITY USER agrees to provide a certificate of insurance to the PARISH which provides evidence of general liability coverage of not less than one million dollars (\$1,000,000) per occurrence. FACILITY USER also agrees to have the PARISH named as an "Additional Insured" on its general liability policy for the DATES OF FACILITY USAGE in relationship to the TYPE OF FACILITY USAGE for claims which arise out of FACILITY USER'S operations or are brought against the PARISH by FACILITY USERS' employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates. FACILITY USER also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against PARISH.

If and only if FACILITY USER fails to comply with the above (second) paragraph, then the above named FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH for any claim or cause of action whatsoever arising out of or related to the usage which takes place during the above identified DATE(S) OF FACILITY USAGE that is brought against the PARISH by the above named FACILITY USER or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, whether such claim arises from the alleged negligence of the PARISH, its employees or agents, or the negligence of the FACILITY USER.

SIGNED BY: _____

(Must be an official agent of FACILITY USER)

NAME AND TITLE: _____

DATE: _____