



Leon County Sheriff's Office

SAVE THE DATE

APRIL 13, 2024

10AM-8PM

For event details visit, www.leoncountysos.com



Sheriff Walt McNeil



**CAPITAL COUNTY
COMMUNITY CLASSIC
BASKETBALL TOURNAMENT**
Godby High School Gymnasium

1717 West Tharpe Street
Tallahassee, FL 32303

For sponsorship details contact:
Shonda Knight

850-606-3270 or knights@leoncountyfl.gov





Capital County Community Classic Registration Form Saturday, April 13, 2024

Student Athlete's Name _____ Phone # _____

DOB _____ School (if applicable) _____

Address _____

City _____ Zip _____

Emergency Contact's Name _____

Emergency Contact/s Phone # _____

If under 18:

Parent/Guardian's Name _____

Parent/Guardian's Phone # _____

Parent/Guardian's Email _____

Parent/Guardian (print) _____

Parent/Guardian (signature) _____ Date _____

Each team must have at least 5 players and will be paired with 1-2
LCSO/Community members.

____ I am registering, but don't have a specific team to sign up with.

____ I do have a team to sign up with. *(list players below and each player must fill
out a registration form and signed waiver)*

Player 1: _____ Age: _____

Player 2: _____ Age: _____

Player 3: _____ Age: _____

Player 4: _____ Age: _____

Player 5: _____ Age: _____

EVERY PLAYER MUST COMPLETE THE ATTACHED WAIVER



Capital County Community Classic Liability Waiver/ Media Release Form

Liability Waiver

I am aware that participation in the Capital County Community Classic has some inherent risks and injury can occur. On rare occasions these injuries can be serious. In consideration of my child ("myself" if over 18) being allowed to participate in the Capital County Community Classic, I myself, or I, parent/guardian, assume the risk of all injury and agree not to sue the Capital County Community Classic, directors, coaches, assistant coaches, or volunteers for any and all injuries caused by or resulting from participating in the Capital County Community Classic.

By signing this waiver, I am certifying that, to the best of my knowledge, my child (or "I" if over 18) is healthy and capable of physical activity such as playing the sport of basketball.

Media Release

Yes / No (circle one) I also authorize the use of pictures of the named participant to be posted on the Capital County Community Classic event website page social media, or advertising media published by the Capital County Community Classic.

Athlete first & last name _____

Parent/Guardian/Over 18 (print) _____

Parent/Guardian/Over 18 (signature) _____

Date _____