



5TH ANNUAL KING FEE CLASSIC



On behalf of SickKids Foundation we want to invite your team(s) to participate in the **5th Annual King Fee Classic**. This tournament is approved by The Hospital for Sick Children (SickKids).

King Fee Classic is a fundraiser which will be providing SickKids Hospital with resource and helping children with Mesothelioma. Kofi “King Fee” Ankoma-Mensa was a basketball player who unfortunately was diagnosed with Mesothelioma and passed away. His wish was to organize a basketball tournament where all funds raised will go towards the research and cure of Mesothelioma. The future successes of “SickKids” rest upon the availability of more funds to provide support services for new advances in diagnosis, treatment, and care. The proceeds from this event will help us fulfill this promise.

The tournament will be held in Brampton, Ontario during the weekend of **August 6th – August 7th 2016** and all teams are guaranteed three (3) preliminary games and reversible jerseys.

Mens

The deadline for entry is **August 2nd, 2016**. Teams must submit a roster with all required information before beginning tournament play complete with a parent signature if needed. **All players and coaches must carry valid identification and present upon arrival.**

Please accept this invite as an introductory offer to you and your club. **The entry fee is \$500 (Canadian). Each team is required to submit a \$200 team deposit due by July 29th and the rest of the fee will be collected the day of the tournament. Teams that fail to submit their \$200 deposit will be required to pay for \$550.**

If a team withdraws from the tournament after August 3rd, 2016 the entire fee is non-refundable.

The attach application forms should be filled out as soon as possible to avoid disappointment and returned with your cheque or money order made payable to “KingFeeClassic” to the address shown on the form. E-transfers can be sent to kingfeeclassic@gmail.com.

Mame Yaa and Naana Ankoma-Mensa
kingfeeclassic@gmail.com

Feddy Appiah
cell (289) 975-1003

Chairwomen

Registrar

Facebook: Kingfeeclassic
Instagram: kingfeeclassic
Email: Kingfeeclassic@gmail.com
Website: www.kofiamens.com



5TH ANNUAL KING FEE CLASSIC



Application Form

Team Name: _____ Age: _____

Address: _____

City: _____ Prov/State: _____ Postal/ZIP Code: _____

Telephone: _____ Email: _____

Team Information Contact Coach Manager

Coach: _____ Manager: _____

Address: _____ Address: _____

City & Province: _____ City & Province: _____

Postal/ZIP Code: _____ Postal/ZIP Code: _____

Telephone: (____) _____ Telephone: (____) _____

Fax: (____) _____ Fax: (____) _____

Email: _____ Email: _____

Note:

- I. Application must be completed in all areas to assist us in balancing divisions.
- II. All teams will register on the Friday evening of the tournament weekend
- III. All teams are responsible for booking Hotel accommodations and arrangement of rides
- IV. If a player is found to be ineligible or if proper documentation cannot be produced, that player will be disqualified from further participation in the tournament. The player's team may continue in tournament play without the player.

Mail Registration, Roster and Entry Fee (Cashier's Check or Money Order Payable to KingFeeClassic)

Mame Yaa Ankoma-Mensa
69 Gallview lane
Brampton, Ontario
L6P 1S2

Facebook: Kingfeeclassic
Instagram: kingfeeclassic
Email: Kingfeeclassic@gmail.com
Website: www.kofiamensa.com

Closing Date: August 2nd, 2016

King Fee Classic



4TH ANNUAL KING FEE CLASSIC



Team Roster

Team Name:				Age Group:
	Name	Age	Date of Birth	Parents Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Medical Waiver and Release of Liability (This form must be signed by the parent/guardian of each player before player is eligible to participate in tournament)I, the above signed, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency for the above player **5th Annual King Fee Classic** tournament play. I, the above signed, in consideration of the players participation in **5th Annual King Fee Classic** tournament, intending to be legally bound, do hereby ourselves, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to our persons or property arising out of the above player’s performance or failure of performance from the **5th Annual King Fee Classic**, their agents, representatives, successors and assigns.

As Coach/Team Representative, of the (Team Name) _____ I certify that the information within is correct to the best of my knowledge. I understand that should a protest arise concerning the eligibility of any players participating on my team, that it will be necessary that proper documentation (i.e. Birth Certificate, ID card etc.) be made available verifying the player’s eligibility in the age group in which that player is participating. It is understood that should one of my players be found ineligible, that the player will not be able to continue participating in the tournament. I understand that the team I represent is responsible for proof of insurance coverage.

Signature: _____ Date _____