Shades United
3 on 3 Basketball Tournament
2011 Registration Form

Please print and complete this form (one per team) and return with payment to: 2100 Memorial Blvd.
CMB 6262 Kerrville, Texas 78028 or fax to (830) 792-7452.

Fee must be paid in Cash, Money Order or Check. Please make all checks and Money orders out to Schreiner University Attention to Shades United. Receipt will be given upon Check-In.

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<td><strong>TOURNAMENT DATES</strong></td>
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MANDATORY Team Captain Meeting: March 28th at 8 p.m.
(If for any reason you are not present at the meeting, please call: (469) 544-4001)

Interested in participating in a 15 minute SLAM DUNK contest during intermission??  Y   N

$2 fee per person  If YES, please fill out the following information:
Name_________________________________________________  
Name_________________________________________________  
Name_________________________________________________  
Name_________________________________________________  
Name_________________________________________________  
Name_________________________________________________  
Include fee for SLAM DUNK contest with the 3 on 3 activity fee. 
Winners will receive a trophy.

Interested in participating in a 15 minute 3-POINT SHOOT OUT during intermission??  Y   N

$2 fee per person  If YES, please fill out the following information:
Name_________________________________________________  
Name_________________________________________________  
Name_________________________________________________  
Name_________________________________________________  
Name_________________________________________________  
Name_________________________________________________  
Include fee for 3-POINT SHOOT OUT with the 3 on 3 activity fee. 
Winners will receive a trophy.
Participant Information

**EVERY PARTICIPANT ON A TEAM MUST FILL OUT A LIABILITY AND EMERGENCY MEDICAL INFORMATION FORM**

Team Name: __________________________________________________________

Team Color:____________________ (Your team will provide your team’s color shirt. We ONLY provide the participant shirt that is included with the activity fee).

Participant Name: (Team Captain):____________________________(shirt size)_______ AGE:_______

Participant Name:________________________________________________________(shirt size)________ AGE:_______

Participant Name:________________________________________________________(shirt size)________ AGE:_______

Participant Name:________________________________________________________(shirt size)________ AGE:_______

Participant Name:________________________________________________________(shirt size)________ AGE:_______

E-MAIL address for team captain (for updates) _______________________________________

Contact Phone Number for the team (for updates)_________________________________

To avoid scheduling conflicts, please list how early your team could arrive Friday, April 1st. _________

Team Captain:

Name_______________________________________________(Please Print)

Signature____________________________________________DATE:__________________

If you have any questions please call: Angelica Ugo: (469) 544-4001

Or Email: Crystal Montoya at CRMontoya@schreiner.edu.
Schreiner University

LEARNING BY HEART™

Waiver of Liability, Assumption of Risks, & Indemnity Agreement

First Name ___________________________ Last Name ___________________________

1. In consideration of being permitted to participate in 3 on 3 basketball tournament, I, for
   myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and
   covenant not to sue Schreiner University, its officers, employees, volunteers, participants, and all
   other persons or entities acting on their behalf.

2. a. I acknowledge that there is a potential risk for injury involved in my participation with this event.
   These injuries entail both known and unanticipated risks, including but not limited to inherent risks
   of participating in a variety of games and relays.
   b. I expressly agree and promise to accept all of the risks existing in this activity. My
      participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
   c. I agree to abide by University rules and guidelines pertaining to _________. I
      also agree to pay for and/or reimburse the University for costs incurred by the University that are related
      to my failure to abide by these rules and guidelines.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Schreiner
   University from any and all claims, demands, causes of action, suits, procedures, and damages or liabilities,
   including attorney’s fees which are in any way connected with my participation in this activity, and to
   reimburse them for any such expenses incurred.

Printed Name ___________________________ Date: ___________________________

Signature Name ___________________________

Parent/Guardian Signature ___________________________

(If participant is under age)
Emergency Medical Information

Name of participant: ___________________________ Date of Birth: ___________________________
Permanent Address: _______________________________________________________

Phone# at this address: ___________________________

Emergency Contact name: ___________________________ Relationship: ___________________________

Phone #: home(____) work(____) cell(____) ___________________________

Are you allergic to any food or medication? NO YES, please list: ___________________________

Please list any other conditions or special medical needs: ___________________________

Please list any medications you are currently taking: ___________________________

Medical Insurance Company: ___________________________ Policy #: ___________________________

Policyholder’s name: ___________________________

1. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

2. I authorize Schreiner University personnel to call for medical care for me or to transport me to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed by me. I further authorize appropriate personnel to render such medical treatment as is necessary for my health, in their professional opinion. I agree that once I am in the care of medical personnel or a medical facility, Schreiner University shall have no further responsibility for me and I agree to pay all costs associated with such medical care and transportation.

Signature ___________________________ Date: ___________________________
Schreiner University
LEARNING BY HEART™

Waiver of Liability, Assumption of Risks, & Indemnity Agreement

First Name ___________________________ Last Name ___________________________

1. In consideration of being permitted to participate in 3 ON 3 BASKETBALL TOURNAMENT, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Schreiner University, its officers, employees, volunteers, participants, and all other persons or entities acting on their behalf.

2. a. I acknowledge that there is a potential risk for injury involved in my participation with this event. These injuries entail both known and unanticipated risks, including but not limited to inherent risks of participating in a variety of games and relays.
   b. I expressly agree and promise to accept all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
   c. I agree to abide by University rules and guidelines pertaining to SPORTS CONDUCT. I also agree to pay for and/or reimburse the University for costs incurred by the University that are related to my failure to abide by these rules and guidelines.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Schreiner University from any and all claims, demands, causes of action, suits, procedures, and damages or liabilities, including attorney’s fees which are in any way connected with my participation in this activity, and to reimburse them for any such expenses incurred.

Printed Name ___________________________ Date: __________

Signature Name ___________________________

Parent/Guardian Signature ___________________________

(If participant is under age)
Emergency Medical Information

Name of participant: ___________________________ Date of Birth: ___________________________

Permanent Address: ____________________________________________________________

Phone# at this address: ___________________________

Emergency Contact name: ___________________________ Relationship: ___________________________

Phone #: home(_____) work(_____) cell(_____) ___________________________

Are you allergic to any food or medication? NO YES, please list: ___________________________

Please list any other conditions or special medical needs: ___________________________

____________________________________________________

Please list any medications you are currently taking: ___________________________

Medical Insurance Company: ___________________________ Policy #: ___________________________

Policyholder’s name: ____________________________________________________________

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Waiver of Liability, Assumption of Risks, & Indemnity Agreement

First Name __________________________________________ Last Name __________________________________________

1. In consideration of being permitted to participate in 3 on 3 Basketball Tournament, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Schreiner University, its officers, employees, volunteers, participants, and all other persons or entities acting on their behalf.

2. a. I acknowledge that there is a potential risk for injury involved in my participation with this event. These injuries entail both known and unanticipated risks, including but not limited to inherent risks of participating in a variety of games and relays.
   b. I expressly agree and promise to accept an assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
   c. I agree to abide by University rules and guidelines pertaining to Sports Conduct. I also agree to pay for and/or reimburse the University for costs incurred by the University that are related to my failure to abide by these rules and guidelines.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Schreiner University from any and all claims, demands, causes of action, suits, procedures, and damages or liabilities, including attorney’s fees which are in any way connected with my participation in this activity, and to reimburse them for any such expenses incurred.

Printed Name __________________________________________ Date: ______________

Signature Name __________________________________________

Parent/Guardian Signature __________________________________________

(If participant is under age)
Emergency Medical Information

Name of participant: ___________________________ Date of Birth: ___________________________

Permanent Address: ___________________________ Phone# at this address: __________________

Emergency Contact name: ___________________________ Relationship: ___________________________

Phone #: home(____) work(____) cell(____) ___________________________

Are you allergic to any food or medication? NO YES, please list: ___________________________

Please list any other conditions or special medical needs: ___________________________

Please list any medications you are currently taking: ___________________________

Medical Insurance Company: ___________________________ Policy #: ___________________________

Policyholder’s name: ___________________________

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Printed Name ____________________________ Date: _______________

Signature Name ____________________________________________

Parent/Guardian Signature ____________________________________

(If participant is under age)
Emergency Medical Information

Name of participant: ___________________________ Date of Birth: ___________________________

Permanent Address: ___________________________________________ Phone# at this address: ___________________________

Emergency Contact name: ___________________________ Relationship: ___________________________

Phone #: home( _____ ) work( _____ ) cell( _____ )

Are you allergic to any food or medication? NO YES, please list: ___________________________

Please list any other conditions or special medical needs: __________________________________________

_________________________________________

Please list any medications you are currently taking: __________________________________________

Medical Insurance Company: ___________________________ Policy #: ___________________________

Policyholder’s name: ___________________________

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Schreiner University
LEARNING BY HEART™

Waiver of Liability, Assumption of Risks, & Indemnity Agreement

First Name ____________________________  Last Name ____________________________

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   c. I agree to abide by University rules and guidelines pertaining to __Sports Conduct___. I also agree to pay for and/or reimburse the University for costs incurred by the University that are related to my failure to abide by these rules and guidelines.

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Printed Name ____________________________  Date: __________

Signature Name ____________________________

Parent/Guardian Signature ____________________________

(If participant is under age)
Emergency Medical Information

Name of participant: ___________________________ Date of Birth: ___________________________

Permanent Address: ___________________________ Phone# at this address: ___________________________

Emergency Contact name: ____________________ Relationship: ___________________________

Phone #: home(____) work(____) cell(____) ___________________________________________

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Please list any other conditions or special medical needs: __________________________

__________________________________________________________

Please list any medications you are currently taking: __________________________

Medical Insurance Company: ___________________________ Policy #: _______________________

Policyholder’s name: ___________________________

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Signature ___________________________ Date: ___________________________
Rules for 3 on 3 Basketball Tournament 2011
(You may keep this page)

1. Each team must register at least three players on its roster on or before the date of the tournament, five players is the maximum. No additions, deletions and/or changes may be made after games have started.

2. Teams using player’s not officially registered or using falsified information on rosters will be automatically disqualified from the event. Team captains are responsible and will be held accountable for all information. Players may not play for more than one team.

3. This is a NO TOLERANCE tournament; NO FIGHTING, ARGUING, BLATEN CURSING OF ANY SORT. (Violation of this rule will result in an immediate disqualification and absolutely no refunds).

4. No talking back to the refs at any time, what they call stands.

5. Participation shirts must be taken to all games you play at, in case of teams both being the same color, a coin flip will determine who will wear the participation shirts for that game.

6. Teams must be at their court at the scheduled time. A five-minute forfeit time will be strictly enforced. That team will be disqualified and the win will go to the team that showed up on time.

7. A coin flip at the start of the game will determine first possession.

8. Participants must assume full responsibility for any injury that may occur during the tournament. Participation is completely voluntary.

9. For safety reasons, all JEWELRY must be removed including but not limited to the following: earrings, watches, wedding bands, friendships bracelets, tongue rings, nose rings, religious bracelets or rings within the eyebrow(s). In addition, we will not assume responsibility for any lost or broken jewelry.

10. Each game will have 2-10 minute halves or until the first team reaches 25 points. Each team is allowed one 30 sec timeout per half.

11. Each game must be won by at least 2 points.

12. All games will be played on half court.

13. No “make it take it” allowed

14. After a scored basket the ball must return to the referee.

15. 7 fouls results in a free throw and defense gets possession of the ball (make or miss)

16. Absolutely no refunds under any circumstances. Let’s play and demonstrate good sportsmanship!

Rules are subject to be modified. Please check with your ref before each game.
Team Name:__________________________________________________

Captain's Name:_______________________________________________

☐ By checking this box, your team chooses to have their photograph taken for organization purposes.

By signing here, I___________________________________(Team Captain’s Name-print), agree to adhere to the above rules and if not followed, will result in possible disqualification.

By signing here, I____________________________________(Team Captain’s Name-print), have reviewed with my teammates the rules of the shootout.

X________________________________________
Team Captain’s Signature

_________________________________________(00-00-0000)
Date

Do not write below this line

Checklist: For organization use
Participant Name:___________________________________Participant#__________________
Amount Paid:__________ Cash    ☐     Check    ☐     Money Order     ☐
Waiver:         Y     N
Media Release:    Y     N
Parent’s Consent:  Y     N
Rules     Y     N

Procedures
1) All teams must be present for the game no later than five minutes after their recorded time on the schedule for their game. Should a team show later than five minutes, that team will be disqualified and an automatic win is recorded for the team that is on time. The late team will be moved to the losing bracket and have a chance to compete again to move up in the bracket system.

2) A coin will be flipped to decide possession of the ball. One team will call it and the coin will be flipped.

3) Once possession is decided, in the case of a team that is wearing the same colors, the team that did not win possession will have to wear their participation shirts. The ref will give the ball to the team and once the ball is in, time begins.

4) After halftime the possession switches from the first possession decided by the coin flip.

5) Change in possession will be switched by the marker on the clothespin.

6) Each half is ten minutes.

7) Each timeout is one minute. Each team gets 1 timeout per half.

8) Halftime is five minutes.

9) The first half of the game is running clock. The clock will be stopped for timeouts and referee disputes only. The last two minutes of the game is not running clock so the clock will be stopped for any change of possession, foul, timeout, and or referee dispute.

10) Any change in possession requires the team to take the ball back to the half court line.

11) A ref must hand the ball over to the team in possession.

12) Any verbal aggression can result as a foul, bench, and/or disqualification of the team or individual player at the discretion of the ref.

13) Any physical aggression results in an automatic disqualification of the team from the tournament.

14) The score will be recorded in ones and twos. In front of the arch will count as one and behind the arch will count as two.

15) What the ref calls, STANDS.

16) Most importantly have fun and keep this a violence free event.

Should any broken or damaged equipment result from the actions of any participant/team, he or she will be held accountable for the damages!!!

By signing below, I have agreed to the above procedures of the tournament

[Signatures]

Team Name____________________________________ ______  Color_________________________

Participant Name_______________________________  Signature: ________________________

Participant Name_______________________________  Signature: ________________________

Participant Name_______________________________  Signature: ________________________

Participant Name_______________________________  Signature: ________________________

Participant Name_______________________________  Signature: ________________________

Participant Name_______________________________  Signature: ________________________
Thank you for participating in Shades United 2nd Annual 3 on 3 Basketball Tournament at Schreiner University

(You may keep this page)

Please make sure to call or email to confirm your team’s application. Please remember that this tournament is on a first come, first serve basis. There is a limit of 32 teams. There is a limit of 15 participants for the SLAM DUNK contest and 15 participants for the 3 Point Shootout.

Thank you again for your participation. See you April 1st & 2nd.

Contact Information:

• Angelica Ugo: (469) 544-4001
• Crystal Montoya: CRMontoya@schreiner.edu