

3-ON-3
BASKETBALL
TOURNAMENT

**WHEN: SUNDAY, MARCH 31TH AT
12:00**

DOORS OPEN 11:30

**WHERE: WILLIAMS VALLEY HIGH
SCHOOL**

Double Elimination

\$10 per participant (make checks payable to WV Prom)

Age Brackets:

-11& under -12-14
-15-18 -18& Over

Male and Female Divisions

Free throw
Contest

3-Point shot
Contest

Refreshments will be sold
\$5 admission for spectators

Link for registration on
<http://www.wvschools.net/wvsd/>

MEDICAL LIABILITY RELEASE FORM

DIRECTIONS: Due to legal restrictions, it is necessary that all student participants complete a medical liability release form.

PLEASE TYPE OR PRINT ALL INFORMATION

Participant Name _____ *Parent/Guardian* Name _____

Home Address _____

Parent/Guardian Telephone: (cell) _____ (home) _____

Student's Physician: (name) _____ (phone) _____

Alternate Contact: _____

Alternate's Telephone Number: (cell) _____ (home) _____

Team Name: _____ School Name: _____

Student is covered by group or medical insurance: _____ Yes _____ No

If yes, complete the following information:

Name of insured: _____ Insurance Company: _____

Group #: _____ Policy #: _____

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergies: _____ e. Physical Handicap: _____

b. Convulsions: _____ f. Medicine Reactions: _____

c. Blackouts: _____ g. Disease of any kind: _____

d. Heart/lung problems: _____ h. Other (be specific): _____

If currently taking medication, please provide the following information:

Name of medication: _____ Prescribing Physician/Telephone: _____

LIABILITY RELEASE. I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this event. I hereby release **Williams Valley** and any designated individual in charge of the **3-on-3 Basketball Tournament** from any legal or financial responsibility with respect to my personal or my student's/child's participation in or contact with any known element associated with this activity.

PARENT/GUARDIAN: Please check one of the following and sign your name.

I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

I do NOT give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature: _____ Date: _____

(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian.)

Delegate's Signature: _____ Date: _____

Specialist's Signature: _____ Date: _____

Tournament Rules

- Total of 4 players allowed per team.
- 1 Referee and 1 score keeper
- Games will be arranged into BRACKET format.
- Games will be played to 11 points or 10 minutes.
- Coin flip will determine first possession.
- Each bucket is worth 1 point and 2 points behind the arc in tournament rules.
- Play resumes at 3 point line at any change of possession.
- 1 Free throw or 2 free throws behind arc
- A total of 6 team fouls will be allowed
- The ball may be passed in bounds after the check.
- If the game goes into overtime, sudden death play will determine winner.
- Substitutions are approved during dead ball situation prior to the check ball
- Unsportsmanlike conduct, including any swearing or derogatory language, will not be tolerated. First warning will result in a technical foul. Second warning will result in team elimination.
- Double-elimination.... Guaranteed to play at least two games.