



**2<sup>nd</sup> Annual Salem Days 3 on 3 Basketball Tournament  
Saturday August 4<sup>th</sup> at Salem Hills High School  
All proceeds go to benefit the AMP Athletics Charity**



**Team Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Player Age Group:** 9-11 \_\_\_\_\_ 12-14 \_\_\_\_\_ 15-18 \_\_\_\_\_ Adult \_\_\_\_\_

Teams will be placed in similar age groups for play, determined by the oldest player on the team. Age Groups may be adjusted depending on number of teams registered in each age group. Teams will play at least 4 games.

**Youth Tournament (Ages 14 and under) 9am-11am, please show up 30 minutes prior to start time**

**Adult Tournament (Ages 15 to Adult) 11am –4pm, please show up 30 minutes prior to start time**

\*\*Players may sign if over the age of 18.

Players Full Name (Please Print)	Date of Birth	Email Address	Cell Phone Number	Signature of Player/Parent/Guardian **	Shirt Size
1	MM/DD/YYYY		( )	I have read and I understand	
2	MM/DD/YYYY		( )	I have read and I understand	
3	MM/DD/YYYY		( )	I have read and I understand	
4	MM/DD/YYYY		( )	I have read and I understand	

**Registration forms and payment can be sent/delivered to the Salem Rec Office.** 60 North 100 East, Salem

**If mailing please send to** PO box 901, Salem Utah 84653

**Registration forms can faxed to (801) 423-0149**

**COST: \$15.00 per player to participate in the event. Early registration (before July 27<sup>th</sup>) is \$10.00 per player.**

**\* T-Shirts guaranteed for all participants registered before July 30<sup>th</sup>, 2012.**

**REGISTRATION CLOSES ON AUGUST 2<sup>ND</sup> at 5pm.**

**In order to allow the event to run smoothly and have games scheduled prior to the event day, NO SAME DAY Registrations will be allowed.**

**Please contact Ryan or Amanda Bowler with any questions. 801-471-3255 or 801-310-7400**

Office Use Only: Received By \_\_\_\_\_ Date \_\_\_\_\_ Paid Team Fee \_\_\_\_\_

## Rules of Participation

1. Teams must register with 3 players, maximum of 4 players. 3 players on the court at one time, substitutions permitted when the ball is not in play.
2. ALL players must have signed a waiver to participate.
3. Poor sportsmanship, fighting, and foul language will not be tolerated. You and your team will forfeit and leave school property. Court monitor decisions are final.
4. NO food or drink in the Gym. One exception is water.
5. NO jewelry while playing.
6. Players must wear proper attire.
7. Coin flip to determine starting possession.
8. Pool play of 3 games followed by a single elimination tournament. Teams will be seeded for the tournament based on their pool play record and scores.
9. Scoring is by 1s and 2s if court has a 3 point line with a time limit of 12 minutes per game.
9. Pool play games are play to 15, win by 2 (cap at 20). Time limit of 8 minutes per game at which point the team that is ahead wins or a tie is recorded. Games will start on each court every 10 minutes.
10. Tournament games are play to 21 win by 2 (cap at 25) with a 12 minute time limit.
11. Change of possession after every basket-the ball must be brought to the top of the key after a possession change.
12. The offensive team must make at least one pass before a shot is taken.
13. Court Monitor on each court will keep track of score.
14. Call your own fouls.

## Adult Sports Waiver & Liability Release

I acknowledge that this/these event(s) may be an extreme test of a person’s physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, water conditions including pollution, temperature, currents and waves, weather, condition of equipment, vehicle traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participating in this event. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Salem City and the event holders, sponsors and organizers, in the event(s) in which I may participate and that it will govern my actions and responsibilities at said event(s).

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me due to my participation in this event, THE FOLLOWING ENTITIES OR PERSONS: Salem City and its directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers; (B) I indemnify and hold harmless the entities of persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by Salem City, the event holder, producers, sponsors, organizers, and/or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

### IF UNDER 18– PARENT/GUARDIAN WAIVER FOR MINORS

The undersigned parent and natural guardian or legal guardian does thereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever may be imposed upon said parties because of any defect in or lack of such capacity to so act an release said parties on behalf of both the minor and the parents or legal guardian.

### AUTHORIZATION FOR MEDICAL TREATMENT

This release will authorize Columbia Mountain View Hospital and the Salem City Ambulance Association to provide medical treatment in the event of an accident or illness while participating in the recreation program of Salem City. I understand that these services are provided on a fee basis.

Name (print clearly)	Age	Phone	Address/City	<b>SIGNATURE (under 18, guardian)</b>
1				
2				
3				
4				

Office Use Only: Received By \_\_\_\_\_ Date \_\_\_\_\_ Paid Team Fee \_\_\_\_\_