

ROB MARCHAND
MITCHELL RECREATION CENTER MEMORIAL CLASSIC
OFFICIAL 2017 ENTRY FORM
SATURDAY MARCH 4th Boys & Girls Grades 4th – 8th

1. Games will be 18 minute running halves depending on the # of teams in your division. Overtime is 2 minutes for all divisions running clock. Half time will be 5 minutes.
2. Each team will get 2 (1-minute) time outs per half. 1 extra time out in overtime.
3. All teams must have basketball uniforms. Jerseys must be numbered according to official basketball rules.
4. Games Ball: This division will use an intermediate size ball (28.5). **WE DO NOT PROVIDE GAME BALLS...**Each team should bring one.
5. The 3-point line will be in effect. **One team will need to provide an official scorekeeper for each game. We will provide clock.**
6. Technical Fouls: Teams charged with a technical foul will automatically forfeit 2 pts and the other team will gain possession of the ball.
7. No press after a 15-point lead in the 5th & 6th grade. No press at any time in the 4th grade divisions.
8. MAN TO MAN DEFENSE ONLY. YOU CAN ONLY PLAY A ZONE PRESS UP UNTIL HALF COURT THEN GO BACK TO MAN TO MAN.
9. All other High School rules apply.
10. You must bring your own basketballs for warm ups. One team's ball will be chosen for the game ball.
11. You must provide your own first aid kits.
12. Players may play up in the grade brackets, but not down. A player caught playing down will cause their team to forfeit all games and will lose all entry fees.
13. Game times and tourney brackets will be emailed to you on the Monday before the tournament. If you do have email access we will call you with the game times.

DEADLINE WILL BE WEDNESDAY, FEBRUARY 22ND OR UNTIL DIVISIONS ARE FULL! Should a division fill before the deadline, we will hold your entry form and place your team on a waiting list. If an opening should occur we will contact you.

ENTRY FEE: \$125 PER TEAM – Make check payable to the Mitchell Recreation Center **3 GAME GUARANTEE**

Team Name _____ Coach _____ School _____
 Address _____ City/State/Zip _____
 Home Phone _____ Work Phone _____ Cell _____
 Email Address-**PRINT CLEARLY** _____

Please check Boys _____ Girls _____
 Grade Level: 4th _____ 5th _____ 6th _____ 7th _____ 8th _____

Please rank your team: Circle one 1 2 3 4 5 6 7 8 9 10 (1 being advanced-10 being recreational)

I, the undersigned, release the Mitchell Recreation, its officers and committee members, volunteers and officials, the city of Mitchell and Mitchell Public School District from any and all liability for any injury or loss sustained by any player while playing, practicing, traveling, and participating in the Rob Marchand Mitchell Recreation Center Memorial Classic. The signing of this player-parent Liability Waiver Agreement shall be considered as a waiver of any claim for any such injury or loss. If my child is injured and requires medical care, I consent to such care. All players and parents/guardians (if player is under 18 years old) must sign this waiver form in order to be eligible in this tournament.

Team Roster

PLAYER NAME	GRADE	PARENT SIGNATURE	PLAYER NAME	GRADE	PARENT SIGNATURE
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

MAIL ENTRIES TO

Mitchell Recreation Center Attn: Kevin
1300 North Main Mitchell, SD 57301