



7th ANNUAL BOY'S BASKETBALL TOURNAMENT
APPLE VALLEY RECREATION DEPARTMENT
14955 DALE EVANS PARKWAY
APPLE VALLEY, CA 92307
(760) 240-7880 FAX (760) 240-7887



January 12, 2015

Dear Basketball Coach:

The Town of Apple Valley is proud to announce the upcoming tournament dates and provide you with this years information.

The tournament is scheduled the weekend of March 21-22, 2015 with the divisions as follows:

BOYS 3-4th Grade.....DIVISION I...8 TEAMS

BOYS 5-6th Grade....DIVISION II...8 TEAMS

BOYS 7-8th Grade....DIVISION III...8 TEAMS

Each team entered in one of the above divisions must consist of **youth that meet the grade requirement** outlined in this tournament package. **Each team entered is guaranteed three games. Each player will need to provide a birth certificate and current school year ID during team check-in before first game.**

This year's tournament will be limited to 24 teams-8 in each division.

The entry fee is \$170.00 per team.

A maximum of ten members per team with two coaches plus four alternates will be allowed. Individual trophies will be awarded to the champions, runner up and consolation championship teams in each division. (MAXIMUM 10 AWARDS). **There are no team trophies.**

Enclosed is our A) registration form, B) roster form, and C) medical release form. Please make copies of the medical release forms for each of your players. All forms must be returned with a **non-refundable** payment of \$170.00 made payable to Town of Apple Valley by February 12, 2015. Teams will not be officially registered until the registration fee and all forms are received.

We look forward to expanding our tradition of basketball tournaments in Apple Valley with the 2015 Youth Boy's Basketball Tournament.

Sincerely,

Joseph Ramos
Recreation Supervisor



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THIS FORM MUST BE RETURNED BY THURSDAY FEBRUARY 12, 2015

Please indicate exact name of recreation department, boys club, or special group you are representing, and town or city where affiliation is located.

**NAME OF RECREATION
 DEPARTMENT OR GROUP**

CONTACT PERSON

CITY

EMAIL

PHONE NUMBER(HOME)

(Mobile)

PLEASE CHECK APPROPRIATE DIVISION

BOYS 3-4TH GRADE....DIVISION I....8 TEAMS _____

BOYS 5-6TH GRADE....DIVISION II....8 TEAMS _____

BOYS 7-8TH GRADE....DIVISION III....8 TEAMS _____

PLEASE RETURN FORM TO:

JRAMOS@APPLEVALLEY.ORG

OR

APPLE VALLEY RECREATION DEPARTMENT
 14955 DALE EVANS PARKWAY
 APPLE VALLEY, CA 92307

**7th ANNUAL BOY'S BASKETBALL TOURNAMENT
 APPLE VALLEY RECREATION DEPARTMENT
 MARCH 21-22, 2015**

TOWN/CITY ENTERED _____

SPONSOR _____

TEAM COLOR _____

AGE GROUP (PLEASE CIRCLE)

MUST HAVE BEEN BORN IN

3-4TH GRADE.....2004, 2005, 2006....

5-6TH GRADE.....2002, 2003, 2004....

7-8TH GRADE.....2000, 2001, 2002....

MAXIMUM ALLOWED: TEN (10) PLAYERS AND TWO (2) COACHES PER TEAM

This roster form must be completed and returned to the Apple Valley Recreation Department by February 12, 2015. Team rosters will **NOT** be accepted after this date. All rosters must include the parental consent form.

Team Roster

Name	Town/City	Phone	Birth Date	Age
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1.

2.
3.
4.
5.
6.
7.
8.
9.
10.

ALLTERNATES: MAY PLAY, BUT WILL NOT RECEIVE AWARDS IF THEIR TEAMS PLACE.

1.

2.
3.
4.

Coach please confirm the above information is correct:

Signed

Title

Address

Phone

PARENTAL CONSENT FORM

NAME AGE BIRTHDAY

SCHOOL

PARENTS NAME

ADDRESS

PHONE NUMBER

SIGNED

CIRCLE ONE: MOTHER FATHER GUARDIAN

I the Undersigned understand the following:

I am aware that recreational activities can be hazardous and I am voluntarily participating in these activities with knowledge of the hazards involved and hereby agree to accept any and all risks of injury or death. The Town is not responsible for participant’s injuries or damages occurring from “hazardous recreation activities” (CA Government Code 831.7). The Town does not provide participants with medical insurance or treatment for injuries. I agree to hold harmless and release the Town of Apple Valley, its officers, agents and employees from any and all liability arising from or related to my participation in Town of Apple Valley program activities. This release includes, but is not limited to, all liability for death, personal injury or property damage resulting from the active or passive negligence of the Town of Apple Valley or its agents or any defective or hazardous condition of any property or equipment owned, operated or maintained by the Town of Apple Valley. I am responsible for any loss, theft or damage to personal or Town equipment, articles and or facilities while using said equipment, articles and/or facilities.

I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Town of Apple Valley, and sign it of my own free will.

SIGNATURE DATE

MEDICAL TREATMENT AUTHORIZATION

In case of emergency, I give permission to the Town of Apple Valley Recreation Department to sign for emergency medical treatment for my child(ren): until myself, my spouse, or the child’s guardian arrives at the medical facility.

SIGNATURE DATE

AUTHORIZATION FOR USE OF PHOTOS

I give permission for use of photos taken of my child(ren) during the basketball tournament and related activities to be used for publicity purposes in brochures, flyers, news releases and other print or broadcast media.

SIGNATURE DATE