



TEAM BASKETBALL REGISTRATION

***REGISTRATION ENDS OCT. 28, 2021**

***TEAMS MUST HAVE NUMBERED SHIRTS/JERSEYS**

Coach Name: _____ Team Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

TEXT #: _____ Email Address: _____

Emergency Contact: _____ Phone #: _____

Team Members:

Player names:

_____	_____
_____	_____
_____	_____
_____	_____

(Note: Each player will be required to have a completed and signed participation agreement/release.)

PERMISSION REQUEST

I hereby release RC3 from any and all liability of any kind of personal injury or property damage due to participation in this program. I certify that I am in good health and am able to participate in all activities. If any attention is required for illness or injury, I give my permission to a staff member for such care. I give consent for myself to be photographed or videotaped and for those images to be used by the RC3 in the future. I understand that the RC3 will attempt to make up time lost due to bad weather, however if time cannot be made up I understand that no refund will be provided.

The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is participating in Rc3 programs.

As such, and in consideration for program services to be provided by the Rc3, the undersigned fully assume all of the risks associated with participation in the program, including the possibility of COVID-19 (or the novel coronavirus) community spread.

I, _____, authorize RC3 to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to myself if an emergency occurs when emergency contact cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will make every effort to contact my designated emergency contact.

Please complete the following:

1. I/we will be responsible for payment of medical expenses.
2. Medical treatment costs are covered by: Insurance Company: _____ Policy #: _____

Signature of Coach

Date

For Office Use Only

Date: _____

Amount Paid: _____

Staff Initials: _____

Strawberry SlamTeam BASKETBALL FEE: \$200/team

Rc3 accepts cash, checks, debit/credit card payments. Please make checks payable to Rc3.



PLAYER RELEASE

Player's Name: _____
Coach Name: _____ Team Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
TEXT #: _____ Email Address: _____
Emergency Contact: _____ Phone #: _____

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COVID PLEDGE:

- I have not had a fever in the last 48 hours.
- I am not experiencing cough, shortness of breath, or a sore throat.
- I have not been in close contact with a confirmed case of COVID-19. No one on my household has had a positive test in the last 10 days.
- I will sanitize my hands upon coming and going.

Signature of Player _____

Date _____



Rhea County Community Center



Strawberry Slam Basketball Tournament

Date: **Oct. 29 - 31, 2021**

Ages: 18 years old and up

Teams: Min: 4 teams Max: 12 teams, all players must be rostered by **Oct. 28, 2021**

Cost: \$200 per team due at registration. No exceptions.

Registration: Ends Oct. 28, 2021. Register at Rc3 or online at www.Rc3dayton.com. Registration will be filled out by team leader/coach. Each teammate will sign a waiver prior to play.

Fans: Can purchase fan bands to enter and watch games (\$10/each Friday and Saturday or \$5 on Saturday). We will limit fans to 100 per game and ask fans to leave when their team is not playing. Masks will be required for fans. Fan bands can be purchased at front desk.

Game Plan:

- All teams guaranteed 3 games
- Pool play dependent on number of teams.
- Winners of pools (best record) go to championship. Pool winners will be determined by overall record. Tie breaker if necessary is team that scored most total points during pool play.
- 5 games Friday night (6:00 – 9:20), ? games Saturday (10:30am – ?), Sunday – optional
- Games will be 2-20 minute halves with 5 minute halftime. Running clock.
- RULES: See attached.
 - Code of Conduct infraction will cause immediate dismissal of player for the remainder of the tournament. No refunds!

Building a healthy community with Christ as our cornerstone

232 4th Avenue • Dayton, TN 37321 • (423)775-0821 • www.rheacountycommunitycenter.org



RULES

The tournament will follow TSSAA High School Basketball Rules.

Conduct of Players and Others:

1. Code of Conduct Coaches, managers and players shall not:

a. At any time lay a hand upon, shove, or strike an official or facility supervisor.

Penalty: Immediate and permanent dismissal from the tournament.

b. At any time, strike an official or be guilty of physical attack as an aggressor upon any player or spectator.

Penalty: Immediate and permanent dismissal from the tournament.

c. Refuse to abide by an official's decision.

Penalty: Immediate and permanent dismissal from the tournament.

d. Use unnecessarily rough tactics in the play of the game against the body or person of an opposing player.

Penalty: Immediate and permanent dismissal from the tournament.

f. Make an abusive verbal attack upon any official, facility supervisor, player or spectator.

Penalty: ejection from the game and suspension from the next game his/her team plays.

g. Foul language will not be tolerated. Dismissal from the game or tournament will be determined by tournament staff.

2. Any coach, manager or player who is ejected from a game is automatically suspended from the tournament.

4. Teams are responsible for the conduct of their spectators. Failure to attempt to control disruptive spectators results in forfeiture to the opposing team.



	TEAM / COACH	# OF PLAYERS	COACH PHONE #	COACH EMAIL
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				