



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SAWMILL SUMMER SHOOTOUT

3 v. 3 Basketball Tournament – Sunday, August 18

Join us at the Sawmill Branch for a 3 v. 3 basketball tournament on our outdoor basketball courts! Members ages 13 – 15 and 16 – 18 are welcome to register their team to see who can be the champions of Sawmill.

Tournament Rules

- Teams will be 3-on-3 with a **maximum of 4 players on a team.**
- Teams can be co-ed.
- Tournament will be double elimination style bracket.
- Games will begin at 12:00 p.m.
- Games will be played first to 12 points or winners declared at 15 minutes. If there is a tie at the 15 minute mark, overtime will be played with the first team to score 3 points being declared the winner.
- Games will be played on one half court.
- First possession will be determined by a coin flip.
- Each bucket inside the 3 point line will be worth 1 point. Each bucket outside the 3 point line will be worth 2.
- Play will resume at the 3 point line after any bucket or possession change.
- Winner's ball after any bucket.
- Defense will call fouls and out of bounds.
- Disputes will be settled by the court monitor. Court monitor's decision is final. If the court monitor does not have a clear view, the decision will go to the possession arrow.
- **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.**
- Tournament will be played rain or shine. If it's raining or begins to rain, games will be moved inside.

All teams must fill out the tournament registration form. Fee is \$10 per player.

For more information or to register, please contact Tyler Koerber at 609.581.9622 ext. 121 or tkoerber@hamiltonymca.org.

Hamilton Area YMCA – Sawmill Branch

185 Sawmill Road
609.581.9622 • hamiltonymca.org





HAMILTON AREA YMCA

3 V. 3 BASKETBALL TOURNAMENT REGISTRATION FORM

Team Information

Participant Name: _____ Date of Birth: _____ Sex: ☐ M ☐ F

Team Name: _____

Team Color: _____

Team Captain Name: _____

Division: ☐ Ages 13 - 15 ☐ Ages 16 - 18

Emergency Contact Information

Name: _____

Phone: _____ Email: _____

Photo Release

The Hamilton Area YMCA/Sawmill Branch reserves the right to photograph or film any member and use said pictures or film for any form of advertising or promotion as deemed appropriate. All partners of the Hamilton Area YMCA/Sawmill Branch reserve the right to photograph or film any member and use said pictures or film for any form of advertising or promotion as deemed appropriate.

Parental Authorization for Emergency Treatment

In the case of emergency, illness, or accident to the child named on this form, the Hamilton Area YMCA is authorized to proceed as indicated below:

1. The Parent/Guardian will be contacted immediately.
2. If the Parent/Guardian can not be reached, we will attempt to contact him/her through the emergency person's listed on the child's orange card.
3. If the Parent/Guardian still cannot be reached, the child's physician will be contacted.
4. If none of the above can be contacted, we will do any or all of the following:
 - a. Call for emergency first aid assistance/transportation.
 - b. Call another physician.
 - c. Have the child transported to an emergency hospital in the company of a Hamilton Area YMCA staff member.
(Robert Wood Johnson University Hospital at Hamilton).

I (We) state that we are the Parent(s)/Guardian(s) having legal custody of the above child and attest that the information in the form is correct. I (We) authorize the Hamilton Area YMCA staff to obtain emergency treatment for our child. I (We) consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date