

TEAM ROSTER & REGISTRATION

DIVISION: BOYS GIRLS
7TH & 8TH GRADE 9TH & 10TH GRADE 11TH & 12TH GRADE
OPEN DIVISION (18 & OLDER)

TEAM NAME: _____
CAPTAIN'S NAME: _____
EMAIL FOR AN ADULT TO CONTACT: _____
STREET ADDRESS: _____
CITY: _____
STATE/ZIP: _____
HOME PHONE: _____
BIRTH DATE: _____
SIGNATURE: _____
(Parent's signature, if under 18 years of age) By signing above you agreed to the waiver.

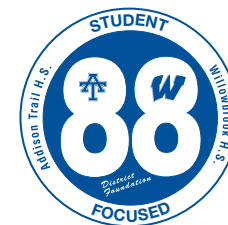
NAME: _____
STREET ADDRESS: _____
CITY: _____
STATE/ZIP: _____
HOME PHONE: _____
BIRTH DATE: _____
SIGNATURE: _____
(Parent's signature, if under 18 years of age) By signing above you agreed to the waiver.

NAME: _____
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CITY: _____
STATE/ZIP: _____
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STREET ADDRESS: _____
CITY: _____
STATE/ZIP: _____
HOME PHONE: _____
BIRTH DATE: _____
SIGNATURE: _____
(Parent's signature, if under 18 years of age) By signing above you agreed to the waiver.

PAYMENT

\$ _____
☐ CASH ☐ CHECK ☐ MASTERCARD ☐ VISA
CARD #: _____
Name on credit card: _____
EXP. DATE: _____ 3-DIGIT SECURITY CODE: _____
SIGNATURE: _____



PRESENTS

DENNIS DOYLE

3 ON 3



BASKETBALL
TOURNAMENT

SATURDAY

MARCH 2, 2019

8:30 AM - Check in

9:30 AM - Tip-off

Willowbrook
High School
1250 S. Ardmore Ave.
Villa Park, IL 60181



REGISTRATION

1. REGISTER ONLINE:

www.dupage88.net/basketball

Or fill out this registration form with complete information, including name, **team name**, phone, address and a signature. If under 18 years old, a parent/legal guardian must sign.

2. Circle the appropriate division in which your team will play. Be sure to select the correct age group in the youth divisions. Youth teams must play in the division of the oldest player on the team.
3. Cash, check or credit card payment of \$30 or \$60 is required for registration. Please make checks payable to District 88 Foundation.
4. Registration forms may be mailed to:
Willowbrook High School Athletic Office
1250 S. Ardmore Ave.
Villa Park, IL 60181
(or register online at
www.dupage88.net/basketball)
5. Faxes will only be accepted with a credit card payment. Send faxes to (630) 530-6061.
6. Registration must be received on or before Monday, Feb. 25, 2019. All payments are non-refundable after registration closes on Feb. 25, 2019. Walk-in registration will be accepted.

Transportation will be provided from Addison Trail to Willowbrook. Call (630) 458-4391 to reserve your spot.

DIVISIONS

All games in the youth and adult divisions will take place on Saturday, March 2, 2019. Teams will play in a double elimination tournament, allowing participants to play at least 3 games.

Each team may consist of three to four players of similar age and gender. Teams will be placed in the **oldest player's** division. The age divisions consist of:

7th & 8th Grade - \$30*

9th & 10th Grade - \$30*

11th & 12th Grade - \$30*

Open Division (18 & Older) - \$60

* Team Sponsorship may be available.

Please contact the AD office at AT or WB.

Championship teams in each division will receive a prize.

*Please note: Teams might be moved to a different division

GENERAL RULES

Tournament information and a complete set of rules will be distributed on March 2, 2019, at 8:30 a.m. Registration 8:30-9:00 am, Captain's meeting @ 9:10 am. All captains are expected to be present. Games will begin at 9:30 a.m. Participant T-shirts for all team members will be distributed at that time.

The following are general playing rules:

- All games are played to 21 points or 20 minutes, whichever comes first.
- Baskets are worth 1 point, and baskets made from behind the take-back line are worth 2 points.
- Ball should be taken back to 3-point line after missed shots.
- All divisions are responsible for calling their own fouls.
- Player substitutions can be made any time there is a stoppage in play.

Concessions will be available for purchase throughout the day.

FOR MORE INFORMATION

For more information about the tournament, call Dani Brink at (630) 530-3989.



WAIVER

Please read this form carefully and be aware that in registering and participating in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program.

As the parent/guardian of the participant, or participant in the program, I recognize and acknowledge that there are certain risks of physical injuries, including death, damages or loss that might sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I may have as a result of participating in the program against the Foundation or School District and its officers, agents, servants and employees.

I do hereby fully release and discharge the Foundation or School District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me (or my minor child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details and Participation agreement.

SIGNATURE: _____

SIGNATURE: _____

SIGNATURE: _____