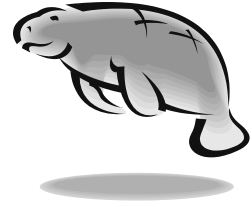




5th Annual



Manatee 3-on-3

Middle School Tournament

When: Saturday, June 2nd (8:30 am)

Where: Lely High School

***Who Can Participate?:
Any student enrolled in middle school***

To Register: Students Must have permission slips signed and turn in registration fee (\$30 for a 3/4 person team).

Every participant will be guaranteed three games and a t-shirt.

Trophies will be awarded to top teams

Download your packet from

<http://www.collierschools.com/mms>

Manatee 3-on-3 Registration Form

Team Name: _____ (must be appropriate or one will be assigned)

Player 1 Name: _____

Player 1 Address: _____

Player 1 Phone Number and email: _____

Player 1 School and ID # _____

Player 1 T-Shirt Size: _____

Player 2 Name: _____

Player 2 Address: _____

Player 2 Phone Number and email: _____

Player 2 School and ID # _____

Player 2 T-Shirt Size: _____

Player 3 Name: _____

Player 3 Address: _____

Player 3 Phone Number and email: _____

Player 3 School and ID # _____

Player 3 T-Shirt Size: _____

Player 4 Name: _____

Player 4 Address: _____

Player 4 Phone Number and email: _____

Player 4 School and ID # _____

Player 4 T-Shirt Size: _____

Signature of School's Athletic Site Coordinator _____

Tournament Rules:

Mission: The goal of the 5th Annual Manatee 3-on-3 Middle School Basketball Tournament is to celebrate the game of basketball. Good sportsmanship and a positive attitude are not a request, they are a rule. Teams risk expulsion from competition if they cannot follow that rule.

Rosters: Teams will consist of no less than 3 and no more than 4 middle school students from a middle school. Elementary and High school students may not participate. Co-ed teams are permitted. To be considered registered, each team must turn in their registration form and all permission slips to Manatee Middle School by no later than Monday, May 28th. Permission slips must be signed by school's athletic site coordinator to verify student eligibility. Teams will be contacted with time of first game the week prior to June 2nd. Packets may be dropped off in the main office or mailed to:

Manatee Middle School
c/o Justin Moomaw
1920 Manatee Road
Naples, FL 34114

Packets may be scanned and sent to moomawju@collierschools.com

\$30 Registration Fee: Please do not send cash; make all checks and money orders payable to Manatee Middle School.

Forfeits: Game time is forfeit time, if a team is not present at its scheduled time it will forfeit the contest. Teams may begin play with two players. If teams show poor sportsmanship they may also face forfeits.

Fouls: All fouls will be called by a volunteer referee. Shooting fouls will result in one free throw. Each player is allowed 5 fouls per game before they foul out. There is no bonus.

Scoring: Games will be played to 11, where the winning team's margin must be at least two points. If teams come to a 10-10 tie, then the first team to secure a two-point lead wins. If a two-point lead is not reached, the game will go to the first team to score 17. Each basket inside the arch (three point line) will count for one point. All baskets outside the arch will score two. The championship game will be played to fifteen, no margin of victory needed. All games will have a 25 minute time limit (with the exception of the championship) in order to ensure the tournament finishes in a timely manner.

Substitutions: There is no limit to substitutions and they may only take place during a dead ball.

Rules: Unless otherwise noted on this sheet, all rules will follow rules used during the CCPS Interscholastic Basketball season.

Manatee 3-on-3 Permission Slip

For Student:

I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation. I hereby release and hold harmless the School Board of Collier County, FL of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against CCPS and its employees because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in this event.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE. I have read the tournament rules and understand what is to be expected.

_____/_____
Name of Student (printed) Signature of Student Date

For Parent(s),

I/we know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in this event. With full understanding of the risks involved, I/we release and hold harmless the School Board of Collier County, FL of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the CCPS and its employees because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/we further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I/we grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in this event.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE. I have read the tournament rules and understand what is to be expected.

_____/_____
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

Manatee 3-on-3 Permission Slip

For Student:

I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation. I hereby release and hold harmless the School Board of Collier County, FL of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against CCPS and its employees because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in this event.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE. I have read the tournament rules and understand what is to be expected.

_____/_____
Name of Student (printed) Signature of Student Date

For Parent(s),

I/we know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in this event. With full understanding of the risks involved, I/we release and hold harmless the School Board of Collier County, FL of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the CCPS and its employees because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/we further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I/we grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in this event.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE. I have read the tournament rules and understand what is to be expected.

_____/_____
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

Manatee 3-on-3 Permission Slip

For Student:

I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation. I hereby release and hold harmless the School Board of Collier County, FL of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against CCPS and its employees because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in this event.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE. I have read the tournament rules and understand what is to be expected.

_____ / _____
Name of Student (printed) Signature of Student Date

For Parent(s),

I/we know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in this event. With full understanding of the risks involved, I/we release and hold harmless the School Board of Collier County, FL of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the CCPS and its employees because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/we further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I/we grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in this event.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE. I have read the tournament rules and understand what is to be expected.

_____ / _____
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

Manatee 3-on-3 Permission Slip

For Student:

I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation. I hereby release and hold harmless the School Board of Collier County, FL of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against CCPS and its employees because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in this event.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE. I have read the tournament rules and understand what is to be expected.

_____ / _____
Name of Student (printed) Signature of Student Date

For Parent(s),

I/we know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in this event. With full understanding of the risks involved, I/we release and hold harmless the School Board of Collier County, FL of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the CCPS and its employees because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/we further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I/we grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in this event.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE. I have read the tournament rules and understand what is to be expected.

_____ / _____
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date