



Sioux Falls Christian Shootout Boys Basketball Tournament (Grades 5-8)

When: March 12-13, 2010
Friday, 6:00 p.m. start

Where: Sioux Falls Christian School
6120 S. Charger Ave.
(near 69th and Cliff Ave.)

Tournament Director: Carl Wynja
27021 Reynolds Place
Sioux Falls, SD 57108
605-743-2031(home) or 605-212-0742(cell)
cwynja@aol.com

Registration:

- \$125, payable to **Sioux Falls Christian Booster Club**
- March 4, 2010 deadline for registration form and entry fee to the Tournament Director
- Rosters must be signed and turned in before your first game
- Players must compete in their grade level or higher
- 3 games guaranteed

Tournament Details:

- SDHSAA rules governing the game of basketball will be followed, unless noted below.
- 3-Game Guarantee
- 28.5 size balls will be used for all games.
- Two timeouts per half. One additional timeout in overtime.
- Full court press allowed to a 15 point lead.
- 18-minute halves with a running clock. Clock will stop in the last two minutes of each half.
- Technical fouls are scored as 2 points and the ball out of bounds.
- First overtime is one minute. Second overtime is sudden death.
- No protests will be allowed. Game referees will control the game - their calls will be final.
- All teams must have basketball uniforms with properly numbered jerseys
- Teams will need to supply their own practice balls.
- If the tournament is postponed due to weather, an alternate date will be given, or the committee will retain \$25 of the entry fee to cover expenses.
- If a team cancels after March 4, 2010, no refund will be provided.



Sioux Falls Christian Shootout Registration Form and Roster Due March 4, 2010

Team Name: _____

Coaches Name: _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____

Grade Level (circle one): 5th 6th 7th 8th

Rate your team (5 is best): 1 2 3 4 5

Player's Name	Parent's Signature * <small>(needed prior to first game - a player can not participate without a parent's signature)</small>	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

*** Waiver Clause: All players / parents must read and sign prior to the first game**

I hereby waive any and all rights for damages I may have against Sioux Falls Christian Schools Association and tournament coordinators or any of its members for any and all injuries suffered in this tournament. I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. under the direction of the team's coach until such time as I may be contacted. I also assume responsibility for payment of such treatment.

Coach's signature: _____