



TRI-CITY 3-ON-3 BASKETBALL LEAGUE

Individual Free Throw Competition & Team Shoot Out

- **REGISTRATION DEADLINE:** *Friday, November 30, 2009*
- **FEE: \$30.00** (A \$10.00 late fee will be added after deadline)
- **3 INSTRUCTIONAL CLINIC DAYS:** focusing on the basic fundamentals of basketball.
- **Includes:** 12 GAME SCHEDULE, FREE THROW COMPETITION, LEAGUE SHIRT and **TEAM SHOOT-OUT**
- Games are played on full court, using $\frac{1}{2}$ of gym (side to side). This league is designed to give our participants more playing time to develop individual skills. 3 on 3 games are fast moving with less players, allowing each player to be part of the game regardless of their ability.
- **TWO DIVISIONS:** 2nd & 3rd - 4th & 5th (Boy Teams & Girl Teams; no co-ed)
- **FREE THROW COMPETITION:** Each participant receives 5 free throws prior to each of their regular scheduled games. Awards will be given to 1st and 2nd place winners of their division: 2nd grade boys, 2nd grade girls, 3rd grade boys and etc.

Parents Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game or practice.
- I will place the emotional and physical well being of my child ahead of any personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will provide support for coaches and officials with my child to provide a positive, enjoyable experience for all.
- I will remember that the game is for children and not for adults.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

Please fill out the other side.



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GAMES WILL BE PLAYED ON WEEK NIGHTS AND SATURDAYS AT ROXANA COMMUNITY GYM AND KEASLER COMPLEX.
NO TEAM REGISTRATIONS!

2009 Tri-City 3-on-3 Basketball League

Did you play last year? _____ Team or Coach Name _____

Name _____ Birth Date / / _____

Address _____ Phone _____

School _____ Grade _____ Male _____ Female _____

Any Medical Conditions? _____

Shirt Size: YL AS AM AL AXL

I, the undersigned parent or legal guardian of the above named minor, do agree to abide by the Parents Code of ethics and hereby consent and agree that the above named minor may participate in the 3 on 3 Basketball Program at the Keasler Complex. I understand and acknowledge that there are certain risks of physical injury associated with my child's participation in the above named program which may occur through no fault of any volunteers, participants, employees or officers of the 3 on 3 Basketball League, Village of East Alton Recreation Department and/or other sponsors.



SIGNATURE OF PARENT/GUARDIAN _____

DATE: _____ WORK #: _____ CELL #: _____



The success of our programs is dependent upon **VOLUNTEER COACHES**, parents for the most part, who give their time and efforts to make youth programs possible.
Please indicate if you are willing to be a coach or assistant coach.

Would you be a (n): **Coach:** YES / NO **Assistant:** YES / NO

Name _____ Phone _____

It is mandatory for all coaches to fill out an application and background authorization.
All coaches will be subject to a criminal background check before being assigned a team for the safety of the children participating.

Return or mail to: **Round House**
633 N. Wood River Ave
Wood River, IL 62095
251-3130

Rox-Arena
#2 Park Dr.
Roxana, IL 62084
254-7485

Keasler Complex
3rd & Haller
East Alton, IL 62024
259-7411

OFFICE USE ONLY:

DATE: _____ AMOUNT PAID: _____ RECEIVED BY: _____