Southern Indiana Pass Attack Fall 2021

502-819-4667
www.teamhoops.com

Our Team Name Is

❑ Male ❑ Female ❑ Coed (must have 2 females on the roster) **PLEASE PRINT CLEARLY**

CAPTAIN

❑ Male ❑ Female T-Shirt Size M L XL XXL+$2 XXXL+$3

Last
First
Address
City
St/Zip Cell
DOB Age Height
Email
@

NAME OF COLLEGE OR SEMIPRO/PRO TEAM

VERY IMPORTANT
(Check the highest level you have played)
❑ No Formal Playing Experience
❑ City-Rec. League - Intramural
❑ Jr. High School
❑ High School Varsity
❑ Jr. College/College Team
❑ Semi Pro/Pro Team

*Signature *Parent/Guardian Signature (*if player is under 18*)

PLAYER 2

❑ Male ❑ Female T-Shirt Size M L XL XXL+$2 XXXL+$3

Last
First
Cell DOB
Email Age
@ Height

NAME OF COLLEGE OR SEMIPRO/PRO TEAM

VERY IMPORTANT
(Check the highest level you have played)
❑ No Formal Playing Experience
❑ City-Rec. League - Intramural
❑ Jr. High School
❑ High School Varsity
❑ Jr. College/College Team
❑ Semi Pro/Pro Team

*Signature *Parent/Guardian Signature (*if player is under 18*)

PLAYER 3

❑ Male ❑ Female T-Shirt Size M L XL XXL+$2 XXXL+$3

Last
First
Cell DOB
Email Age
@ Height

NAME OF COLLEGE OR SEMIPRO/PRO TEAM

VERY IMPORTANT
(Check the highest level you have played)
❑ No Formal Playing Experience
❑ City-Rec. League - Intramural
❑ Jr. High School
❑ High School Varsity
❑ Jr. College/College Team
❑ Semi Pro/Pro Team

*Signature *Parent/Guardian Signature (*if player is under 18*)

PLAYER 4

❑ Male ❑ Female T-Shirt Size M L XL XXL+$2 XXXL+$3

Last
First
Cell DOB
Email Age
@ Height

NAME OF COLLEGE OR SEMIPRO/PRO TEAM

VERY IMPORTANT
(Check the highest level you have played)
❑ No Formal Playing Experience
❑ City-Rec. League - Intramural
❑ Jr. High School
❑ High School Varsity
❑ Jr. College/College Team
❑ Semi Pro/Pro Team

*Signature *Parent/Guardian Signature (*if player is under 18*)

PLAYER 5

❑ Male ❑ Female T-Shirt Size M L XL XXL+$2 XXXL+$3

Last
First
Cell DOB
Email Age
@ Height

NAME OF COLLEGE OR SEMIPRO/PRO TEAM

VERY IMPORTANT
(Check the highest level you have played)
❑ No Formal Playing Experience
❑ City-Rec. League - Intramural
❑ Jr. High School
❑ High School Varsity
❑ Jr. College/College Team
❑ Semi Pro/Pro Team

*Signature *Parent/Guardian Signature (*if player is under 18*)

PLAYER 6 (add $30)

❑ Male ❑ Female T-Shirt Size M L XL XXL+$2 XXXL+$3

Last
First
Cell DOB
Email Age
@ Height

NAME OF COLLEGE OR SEMIPRO/PRO TEAM

VERY IMPORTANT
(Check the highest level you have played)
❑ No Formal Playing Experience
❑ City-Rec. League - Intramural
❑ Jr. High School
❑ High School Varsity
❑ Jr. College/College Team
❑ Semi Pro/Pro Team

*Signature *Parent/Guardian Signature (*if player is under 18*)

PLAYER 7 (add $30)

❑ Male ❑ Female T-Shirt Size M L XL XXL+$2 XXXL+$3

Last
First
Cell DOB
Email Age
@ Height

NAME OF COLLEGE OR SEMIPRO/PRO TEAM

VERY IMPORTANT
(Check the highest level you have played)
❑ No Formal Playing Experience
❑ City-Rec. League - Intramural
❑ Jr. High School
❑ High School Varsity
❑ Jr. College/College Team
❑ Semi Pro/Pro Team

*Signature *Parent/Guardian Signature (*if player is under 18*)

How To Enter

1. Fill out the entry form, incomplete entry form will not be processed.
2. INCLUDE ALL SIGNATURES for team members. Parent or guardian signatures are required if player(s) are under 18 years of age. Team will not be registered without these signatures.
3. MAIL YOUR COMPLETED FORM, your payment, and any add'l charges to: **TEAM HOOPS** *P.O. Box 281 Charlestown, IN 47111* -or- FAX your form to 502-384-4667 -or- E-MAIL your form to MrHoops@TeamHoops.com or TeamHoops@msn.com. You can also register ONLINE at www.teamhoops.com.
4. Your team captain will receive verbal verification along with information about the tournament, your team's division bracket, a complete set of rules, and other events.

Cost A non-refundable entry fee of $225.00 ($150 without t-shirts) must accompany your entry form. You can pay online by credit/debit card, or send cashiers check or money order payable to **TEAM HOOPS.** PLEASE DO NOT SEND CASH. Personal checks accepted with approval. Your team cost will be an additional $30 each to add a 6th and 7th player.

Team Check-In Team check-in is Saturday, November 13th starting at 8:00 am at the Clark County 4H Fairgrounds, 9608 Highway 62, Charlestown, IN. All four, five, six or seven players from each team are required to check-in at least one hour before their team's first scheduled game. Team captain will be called no later than 9:00 pm Thursday, November 11th with their starting game time.

Weather Policy **Adverse weather conditions and unplayable conditions may result in the following:** Games may be delayed or the points required to win a game may be reduced. The tournament format may be changed or other steps may be taken. In the unlikely event of cancellation of the tournament due to adverse weather conditions, each team shall receive the t-shirts and team registration package. Under no circumstance will a full cash refund of the entry fee be refunded. The exact amount of a refund is at the sole discretion of **TEAM HOOPS**. **PLAY IS RAIN OR SHINE.**

Pregame...Things You Should Know

- Teams are placed into divisions within one of the following categories: Juniors (ages 18 and under), Adult (ages 19 and over), and Top Gun (most experienced).
- Identification and proof of age will be required. Inaccurate or false information on registration form is grounds for team disqualification.
- As a general rule, adult teams are matched into divisions according to the average age, height and playing experience of all 4, 5, 6 or 7 players. Most divisions will have between 8 to 12 teams.
- Teams are guaranteed a minimum of THREE SCHEDULED GAMES. The first two games are for pool play and seeding purposes, with third game beginning a single elimination tournament.
- Teams consist of 4, 5, 6 or 7 players, four starters and three substitutes.
- GAME TIME IS FORFEIT TIME! Teams not on their fields at the required time will automatically lose that game.
- Cleats are allowed but must be rubber. No metal spikes are allowed. All players must wear a protective mouthpiece. If you do not have a mouthpiece, there will be one available on-site for a fee.
- HIGH SCHOOL AND COLLEGE players are responsible for their eligibility for the event. Because rules for their eligibility vary, **AIR RAID** suggests all players check with their coach/athletic director.
- **AIR RAID FOOTBALL** reserves the right to eject players, teams, or fans from games or entire tournament for any misconduct during event.

Attention Junior Teams

We will be placing your teams into pre-established age categories as follows:

8-9 10 & Under 11-12 13-14 15-16 17-18

To ensure proper placement of your team, please make sure that all 4, 5, 6 or 7 players fit within the established age category. If a player does not meet the age requirement, your team will be placed into the category of your oldest player. **Every effort will be made to place teams into these age categories. However, TEAM HOOPS reserves the right to alter or combine the age categories at its discretion.**

Choose Your Division

Please check the appropriate box

❑ Adult Top Gun ** For Serious Ballers Only* ..... $ _____

Teams will be classified as the following:

❑ Adult Competitive..... $ _____
❑ Adult Recreational ..... $ _____
❑ Adult Couch Potato..... $ _____
Adult divisions will be seeded upon height, age and playing experience.
❑ Youth Young Guns..... $ _____
Teams with all players under 18. Divisions will be based on age of oldest member.
❑ Players shirts $15.00 each Qty. _____ Size _____ $ _____
**Please note individual shirts can be ordered by each or all team members.*

How did you hear about us? ❑ TV ❑ Newspaper ❑ Direct Mail ❑ Radio ❑ Internet ❑ Other

Total $ _____

Contact us to confirm that your entry was received (by mail or email). Please allow 1 business day for confirmation of emailed entries.

Captain of each team will be called Thursday evening before the tournament to give time of first game to be played. **CAPTAIN IS RESPONSIBLE FOR NOTIFYING TEAMMATES.**

REGISTRATION FEE:
$225/Team
($150 without t-shirt)
MAIL TO:
TEAM HOOPS
P.O. Box 281
Charlestown, IN 47111

Make checks payable to **TEAM HOOPS**. If paying by credit card, fill in information below: ❑ AmEx ❑ MC ❑ Visa

Card #

Print Name (as on card) Exp. Date

Signature Sec. Code

*** Every player (and parent or guardian if player is under 18) must read this WAIVER form. Signatures on the registration form signify each person has read, understands and abides by this information.** I understand there are risks connected with my participation in this tournament and its related activities. I release and discharge TEAM HOOPS, AIR RAID 4 on 4 FLAG FOOTBALL, CLARK COUNTY 4H FAIRGROUNDS, all event charities, all event sponsors, all event organizers, all 4 on 4 FLAG FOOTBALL workers, employees and directors from all action, suits and demands whatsoever in law or in equity including but not limited to, the risk of injury from playing in the tournament and including Covid-19* the risk of loss of personal property by theft or otherwise. Further, I hereby grant full permission for event organizers to record any or all of my participation in this event for photos, motion pictures, TV, radio, recording, videotapes, and other media known or unknown, and to use them, no matter by who taken, in any manner for publicity, promotions, advertising, trade or commercial purposes, without any reimbursement of any kind due to me, or the need to pay me any fee. I also authorize tournament organizers to contact me regarding this tournament, and I authorize tournament organizers to contact me regarding future Team Hoops events via text/e-mail/phone unless otherwise noted to same. *Following all CDC Guidlines