



Fall Shootout Highlights

If you are looking for professional, well organized fall shootout, register now.

- All games are officiated by experienced, certified referees!
- Sunday's September 12 through October 10, 2010. Games will take place between 3:00 and 8:00 p.m. based on the total number of teams.
- 8 game schedule plus single elimination playoff on October 10
- Separate teams for 7th, 8th, 9th, JV and varsity divisions
- 16 team max per division
- Free admission for all spectators during shootout games, held at Graber Sports Center and Athletic and Wellness Center at Loras.
- 1st place team awards
- Team standings posted weekly
- Ball Handling Clinic for all participants.
- Individual and team fouls will be kept

Each team is responsible to provide its own coach and numbered jerseys.

Shootout Rules



Shootout rules for the fall shootout are as follows:

1. All team and individual fees must be paid prior to participating in shootout games. No exceptions!
2. Games will start promptly at the scheduled time. Five minute forfeit rule.
3. Five minute warm-ups.
4. All games will be played in two 20-minute halves with a three-minute halftime period.
5. The clock will only be stopped during the last two minutes of the second half and for timeouts.
6. Each team is allowed two 30-second timeouts per half. No carryover of timeouts from one half to the other. One timeout is allowed for overtime
7. The first overtime is one minute with a running clock. The second overtime will be Sudden Death.
8. On shooting fouls the offensive team will be awarded 2 points. Free throws will be shot in the last 2 minutes and overtime.
9. In the last 2 minutes of the game, the free throw rules change to a traditional one-on-one when the team is in the bonus.

Cost

Cost is \$375 per team. Only team registrations accepted. If you would like to submit a roster, we need a Waiver and Release form signed by each participant's parent/guardian, along with contact information per player. The release form needs to be received for each player before their first game.

Questions?

Contact Greg Gorton with questions at (563) 581-8001 or greg.gorton@Loras.edu.

Boys' Basketball Fall Shootout Registration Form

MUST FILL OUT AND RETURN A SIGNED WAIVER AND RELEASE FORM FOR EACH PARTICIPANT.

Name: _____ Grade '10-'11 school year: 5 6 7 8 9 10 11 12
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ E-mail (required): _____
 Team Name: _____ T-shirt size (circle one): S M L XL XXL
 Coach's Name: _____ Coach's Phone: _____
 Insurance Company: _____ Group or Policy #: _____

TOTAL ENCLOSED: \$ _____

If there are any specific medical situations that should be known or activities that should be restricted, attach the information with this registration form or contact Greg Gorton at (563) 581-8001 or greg.gorton@Loras.edu.

Registration complete by sending completed, signed form (both sides) for each player and check made payable to *Loras College Men's Basketball* to: Loras College Basketball, Attn: Greg Gorton Mail #206, 1450 Alta Vista, Dubuque, IA 52001.

WAIVER AND RELEASE OF ALL CLAIMS
Boys' Basketball Fall Shootout at Loras College

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for Loras College REQUIRES the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Please read this form carefully and be aware that in registering your minor child/ward for participation in the Boys' Basketball Fall Shootout, you will be waiving and releasing all claims for injuries your child/ward might sustain arising out of this program.

I understand that Loras College does not carry insurance for injuries sustained by participants in this event. Therefore, participants in this event should look to their own health insurance policy for any injuries sustained in connection with or arising out of this event. The absence of health insurance coverage does not make Loras College responsible for payment of medical expenses.

As a participant in the Boys' Basketball Fall Shootout at Loras College, I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity, which my child/ward may sustain as a result of participating in any and all activities connected with or associated with, or arising out of this event.

I agree to waive and relinquish all claims my child/ward may have as a result of participating in the Boys' Basketball Fall Shootout against Loras College and its directors, officers, trustees, agents, servants and employees. I do hereby fully release and discharge Loras College and its directors, officers, trustees, agents, servants and employees from any and all claims from injuries, including death, damage or loss which my child/ward may have on account of their participation.

I further agree to indemnify and hold harmless and defend Loras College and its directors, officers, trustees, agents, servants and employees from any and all claims from injuries, including death, damages and losses sustained by my child/ward or arising out of, connected with, or in any way associated with the activities of this event.

PERMISSION TO SECURE TREATMENT

In the event of an emergency I authorize Loras College to secure treatment from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child's/ward's immediate care and I agree that I will be responsible for payment of any and all medical services required.

I have read and fully understand the aforementioned Program Details, Waiver and Release of All Claims and Permission to Secure Treatment, and all information supplied by me is accurate and current to the best of my knowledge.

(Please Print)

Participant's Name: _____ Address: _____

Parent/Guardian Signature: _____ Date: _____ Relationship to participant: _____

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