



**TOWN OF DOVER**  
**2<sup>nd</sup> Annual Youth Empowerment Impact Program**  
**Basketball Tournament**

**Registration Form**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Select one:**      \_\_\_\_ Boy's Tournament      or      \_\_\_\_ Girl's Tournament

**\*Grade:**\_\_\_\_      **Date of birth:**\_\_\_\_/\_\_\_\_/\_\_\_\_      **T-Shirt size:**\_\_\_\_      **Age:**\_\_\_\_

**Name:** \_\_\_\_\_      **Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Check one of the following boxes:**

☐ Captain      ☐ Co-Captain      ☐ Player      ☐ Volunteer: \_\_\_\_\_

**Name of Team:** \_\_\_\_\_      **Name of Captain:**\_\_\_\_\_

Name of player	E-Mail	Phone #	Paid
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**\*Captains must submit registration forms for all of their teammates with payment\***

**\*Every player must read and agree with the Code of Conduct before registering\***

***\*Special thanks to Hector Quiñones and the Get to It Program\****

## **INJURY AND MEDIA WAIVER**

**Dear Parent/Guardians,**

You attest to having signed the indemnity, release and hold harmless agreement stating that the releaser (Parent/Guardian) is not covered for any injuries that may be sustained at Town or Commission sponsored events and that any related treatment would be covered via self-indemnification or under their own personal health insurance policy.

In the event of an emergency and I cannot be contacted, I give permission for my son/daughter to be given necessary medical care at a hospital or other medical or dental facility, understanding that it is my financial responsibility in regards to the health of my child.

Allergies/Medical condition(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Name _____	Relationship _____
Address _____	Home # _____
_____	Mobile # _____

Name _____	Relationship _____
Address _____	Home # _____
_____	Mobile # _____

Signature of Student _____	Date: ____/____/____
Printed Name: _____	

Signature of Parent _____	Date: ____/____/____
Printed Name: _____	

DO NOT WRITE UNDER THIS LINE

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Received non-refundable amount of \$ \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Coordinator: \_\_\_\_\_

*\*Special thanks to Hector Quiñones and the Get to It Program\**

## **CODE OF CONDUCT**

**1. Drug or Alcohol Use, Possession, or Distribution.** Student athletes are not to (regardless of quantity) use, possess, sell, distribute, or procure any amount of alcohol, drugs, other controlled substances or drug paraphernalia or be under the influence of alcohol, drugs or other controlled substances.

\*The player shall be suspended for the following portion of his/her tournament immediately and consecutively. The suspension shall be served immediately and consecutively during the next competitions. This is subject to review based on facts.

**2. Being in the Presence of Others Using, Possessing or Distributing Drugs or Alcohol.** Student athletes who are found to have been voluntarily associating with others who are illegally using, possessing, or distributing drugs, drug paraphernalia or alcohol, and who do not attempt to remove themselves in a reasonable amount of time (constructive possession) are in violation of the Athletic Code of Conduct.

\*This regulation applies to circumstances that take place ON OR OFF the tournament premises.

**3. Tobacco Use, Possession, or Distribution.** Use, possession, or distribution of tobacco or tobacco products, in any form, is prohibited.

\*The consequence for this violation of tobacco use, possession or distribution will be suspension from the tournament.

**4. Unlawful or Delinquent Behavior-**An unlawful or delinquent act is a violation of any civil or criminal statute, ordinance, regulation or court order (except for minor traffic offenses) including, but not limited to civil rights violations, theft, vandalism, destruction of property, or other misdemeanors and felonies as defined by the Criminal Code.

\*An athlete who pleads guilty, is found guilty, or found to have committed a delinquent act by any court of law, pleads no contest to or dispositions through a settlement and charged with an unlawful act is also subject to sanctions in accordance with the Athletic Code of Conduct that could include been ejected from the tournament.

**5. Attendance-**The tournament administration and staff recognize that attendance to the tournament is critical to the success of your team. Players are expected to attend; however your team will determine who gets to play, for how long and create a substitute plan. If any player is absent the registration fee won't be refunded.

**6. Unsportsmanlike Conduct and Other Unacceptable Behavior-**Unsportsmanlike conduct and other unacceptable behaviors that don't comply with the Code of Conduct, but which are contrary to the spirit of the Athletic Code of Conduct, are subject to an appropriate penalty at the discretion of Program Director and/or staff that could lead to expulsion of game and suspension form the tournament as events will be taken into consideration depending on the seriousness of the offense, any harm or injury to person or property, the remorse of the athlete and any other relevant factors.

**7. Violation of Team Rules and Regulations-**Referees/Officials/Program Director and/or staff may establish reasonable rules and regulations, subject to their approval of the, for behavior not otherwise specified in the Athletic Code of Conduct. They may determine reasonable penalties for violation of team rules and regulations subject to the review and consequences.

**8. Unusual or Special Circumstances** notwithstanding consequences for violations prescribed in the above paragraphs, the principal has the discretion to reduce the penalty when unusual or special circumstances warrant such a reduction.

\_\_\_\_I agree and will abide by the Code of Conduct.

Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Student \_\_\_\_\_ Signature of Parent \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

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# **TOWN OF DOVER**

## **2<sup>nd</sup> Annual Youth Empowerment Impact Program Basketball Tournament**

### **INFORMATION & DETAILS**

1. The game dates are scheduled for June 6, 13 & 20, July 11 & 18 and August 1, 8 & 15 from 6:00pm to 8:00pm at the Crescent Field Basketball Court.  
(Rain date information will be given prior to the first game)
2. The Championship Tournament and Awards date will be held on August 23<sup>rd</sup> at 1:00pm at the Crescent Field Basketball Court.
3. Ten players per team. **REGISTRATIONS WILL NOT BE ACCEPTED AFTER DEADLINE. NO LAST MINUTE PLAYER REPLACEMENTS ARE ACCEPTED.**
4. The cost of the event is \$10.00.
5. If you know anyone that would like to volunteer and earn volunteer hours, please contact us via email to: [gettoitprgogram@gmail.com](mailto:gettoitprgogram@gmail.com) or by calling Lisa Quiñones at 908-875-3398 or MQ. at 973-876-1898.
6. Participation is limited to DOVER RESIDENTS ONLY Grades 8 – 12 that have DMS/DHS Student Identification and/or a DOVER RESIDENT that attends a SCHOOL CHOICE HIGH SCHOOL along with proof of residency in Dover.
7. All players will receive a T-shirt and must also come up with a team name.
8. The teams should be made up by male or female players.
9. Depending on the game schedule - TWO SIMULTANEOUS GAMES WILL BE PLAYED.
10. Two 20-minute quarters-Substitutions takes place while the clock runs.  
Foul switch-Flagrant fouls breaks Code of Conduct.
11. Player requirements: Each player must complete the following:
  - a. Registration Form with payment
  - b. Waiver of Injury and Media
  - c. Code of Conduct Form
12. Registration should be completed as soon as possible as the spaces are limited.

***Registration must be received no later than April 25, 2014.***

***\*Special thanks to Hector Quiñones and the Get to It Program\****