



CITY OF NEEDLES Recreation Department

1705 J Street, Needles
Mail: 817 Third Street, Needles, California 92363
PHONE (760) 326-2814 • FAX (760) 326-2815
ndlspkrc@citlink.net

City Manager: Richard Daniels
Recreation Manager: Jennifer Valenzuela
Recreation Commission:
Chairman Bill Darrow
Vice Chairman Gabriela Belt
Commissioner Jeremy Smith
Commissioner Debra Downey
Commissioner Norma Williams
Commissioner Robbyn Dundon
Commissioner Linda Kidd

Dear Basketball Coordinator:

The City of Needles Recreation Department is happy to announce the 12th Annual Needles Youth Basketball Tournament. This year's tournament will be held **March 4 - 5, 2017**.

Divisions will be broken down as follows:

Girls 3 rd & 4 th Grade	Division 1	Four Teams
Boys 3 rd & 4 th Grade	Division 1	Eight Teams
Girls 5 th & 6 th Grade	Division 2	Eight Teams
Boys 5 th & 6 th Grade	Division 2	Eight Teams
Girls 7 th & 8 th Grade	Division 3	Eight Teams
Boys 7 th Grade	Division 3	Eight Teams
Boys 8 th Grade	Division 3	Eight Teams

Each team entered in one of the above divisions must consist of youth that meet both the age and grade requirement outlined in this package. Each team is guaranteed three games. The tournament will be limited in each of the above divisions, and organizations that enter teams in multiple divisions will be given first priority. The City of Needles will invite and accept teams from small communities. These teams will preferably be recreation teams whose all stars are chosen from league play, or teams from one school or club. No traveling teams will be accepted unless divisions are not full. The tournament committee will have sole authority in determining bracketing and appraising team content.

The entry fee is \$175 per team. An additional \$135.00, mailed with your entry fee will purchase (11) **eleven** commemorative T-shirts for your team. This fee is optional, but must be paid by the entry fee deadline unless other arrangements have been made. T-shirts will be on sale at the tournament for \$15 per shirt (\$18 for 2XL).

A maximum of ten members per team with two coaches plus two alternates will be allowed. Individual trophies will be awarded to the championship, runner-up, and consolation champion in the eight-team divisions, and first and second place in the four-team divisions, (maximum 10 awards per team).

Enclosed are the registration form, roster, and medical release form. All forms must be returned with a non-refundable fee of \$175 per team (plus \$135 if you would like shirts), made payable to City of Needles Recreation Dept, by Friday, February 24th, 2017. Teams will not be officially registered until the fee and registration forms are received. *(If you need more time, please call ASAP)*

We will be charging a one -time \$5.00 entrance fee per person to attend any of the tournament games for the weekend. You will purchase your wristband at your attendance of your 1st game. That wristband is good all weekend for all games. All children 7 and under will not be charged. All tournaments we attend have had to implement this fee to help cover some of the increasing costs that we all incur to host our tournaments year after year. All Coaches and all players *(in uniform)* in the tournament will be free of charge. Thank you for understanding and your support!

Needles is in the heart of the Colorado River Valley, conveniently located 30 minutes from Laughlin, Nevada and 45 minutes from Lake Havasu City, Arizona. We look forward to providing an outstanding weekend of competition and fun for your team.

Sincerely,
Jennifer Valenzuela, Recreation Manager, City of Needles Recreation Department



**City of Needles Recreation Department
2017 Youth Basketball Tournament
March 4 - 5, 2017**

817 Third Street, Needles, CA 92363
Phone: (760) 326-2814 Fax: (760) 326-2815
ndlspkrc@citlink.net

TEAM REGISTRATION FORM

Name of Organization _____

Contact Person _____ Email _____

Address _____

Business Phone _____ Fax _____

Cell Phone _____ Home Phone _____

Please check the appropriate division(s) you would like to enter

- | | | |
|----------------|---|--------------------------|
| Division One | 3 rd & 4 th Grade Girls | <input type="checkbox"/> |
| Division One | 3 rd & 4 th Grade Boys | <input type="checkbox"/> |
| Division Two | 5 th & 6 th Grade Girls | <input type="checkbox"/> |
| Division Two | 5 th & 6 th Grade Boys | <input type="checkbox"/> |
| Division Three | 7 th & 8 th Grade Girls | <input type="checkbox"/> |
| Division Three | 7 th Grade Boys | <input type="checkbox"/> |
| Division Three | 8 th Grade Boys | <input type="checkbox"/> |

This registration form, along with fees must be returned by Friday, February 24th.
If you need to bring fees with you to tournament, please call to make arrangements.

Return forms to:

Jennifer Valenzuela
City of Needles Recreation
817 Third Street Needles, CA 92363

2017 City of Needles Basketball Tournament - March 4 - 5, 2017

TOURNAMENT PLAYER ROSTER - AGE VERIFICATION



COMMUNITY: _____
 AGENCY: _____ PHONE: _____
 COACH: _____ PHONE: _____
 ASSISTANT COACH: _____ PHONE: _____

Check Box	Have not reached			
<input type="checkbox"/>	Division One	Girls	3/4 Grade	11th Birthday by 1/1/17
<input type="checkbox"/>	Division One	Boys	3/4 Grade	11th Birthday by 1/1/17
<input type="checkbox"/>	Division Two	Girls	5/6 Grade	13th Birthday by 1/1/17
<input type="checkbox"/>	Division Two	Boys	5/6 Grade	13th Birthday by 1/1/17
<input type="checkbox"/>	Division Three	Girls	7/8 Grade	15th Birthday by 1/1/17
<input type="checkbox"/>	Division Three	Boys	7th Grade	14th Birthday by 1/1/17
<input type="checkbox"/>	Division Three	Boys	8th Grade	15th Birthday by 1/1/17

Please attach copies of birth certificates to this document

NO 9TH GRADERS, NO EXCEPTIONS
(EVEN IF THEY ARE CORRECT AGE)

	Name	Address	Phone	Grade	Age	D.O.B.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
	Alternates may participate, but awards are provided for ten players only.					
11						
12						

Maximum allowed per team: 10 players, 2 alternates, 2 coaches
Each player must have a birth certificate copy and signed medical release roster to be eligible for participation.
 This roster form must be returned to the tournament committee by **Friday February 24, 2017**

2017 City of Needles Basketball Tournament - March 4 - 5 , 2017

TOURNAMENT RELEASE FORM

COMMUNITY: _____ ADDRESS: _____

AGENCY: _____ HM/CELL PHONE: _____

COACH: _____ HM/CELL PHONE: _____

ASSISTANT COACH: _____ HM/CELL PHONE: _____

In consideration for being permitted by the Needles Recreation Department to participate in the above activity, I hereby waive, release and discharge any claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Needles Recreation Department; its officers, employees and agents, from any and all liability arising out of, or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND NEEDLES RECREATION DEPARTMENT AND SIGN IT OF MY OWN FREE WILL.

THIS ALSO CERTIFIES THAT I, THE PARTENT OR LEGAL GUARDIAN OF THE BELOW NAMED CHILD CONSENT TO THE PERFORMANCE OF ANY EMERGENECY SURGICAL OPERATION AND OR OTHER MEDICAL PROCEDURES WHICH MAY BE CONSIDERED NECESSARY BY ANY MEDICAL OFFICERS AS A REFULT OF INJURY OR OTHER MEDICAL EMERGENCY DURING THE PERIOD OF THE EVENT.

GIRLS DIVISION: <input type="checkbox"/> 3rd/4th <input type="checkbox"/> 5th/6th <input type="checkbox"/> 7th/8th	BOYS DIVISION: <input type="checkbox"/> 3rd/4th <input type="checkbox"/> 5th/6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th
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	Name	Parent/Guardian Signature	Phone	Grade	Age	D.O.B.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
	Alternates may participate, but awards are provided for ten players only.					
11						
12						