**Dyckman Basketball Tournament Summer 2017**

[](https://1339.r.bat.bing.com/?ld=d3GJYHa8cHOqIIbE-Ly-NupTVUCUyhcdVe9MFICKJoeQBcFqzOOooP5XJ1x1wKINZcs33jvor_CZaa15A3g1wdSqKFwFTxbH9yve5iLQJ-cWqk937GF01PtR0arLlSioHc2Qs3XJju004AdTB-mk9jMSPjPb7oVhlQm7LDeyb_k4DV3FSw&u=http://7016.xg4ken.com/trk/v1?prof%3d402%26camp%3d1356%26affcode%3dpg235%26kct%3dmsn%26kchid%3d1339%26cid%3d11621282489%26kdv%3dc%26kpid%3d80446801%26criteriaid%3dkwd-1100005397725%26queryStr%3d%26adgroupid%3d4168881603%26campaignid%3d28901690%26url%3dhttp://track.did-it.com/n?lid%3d127443442%26tid%3d4247bb1aed3e1%26eng_creative%3d11621282489%26eng_device%3dc%26eng_prodid%3d80446801%26eng_querystring%3d%26url%3dhttp://www.eastbay.com/product/model:199513/sku:80446801/nike-team-elite-competition-basketball-mens/%26SID%3d4988%26inceptor%3d1%26cm_mmc%3dSEM-_-PLA-_-Bing-_-80446801)**Diaper League**

**Open Registration:**

**In-House Summer Basketball**

**Pre-Register online dyckmanbasketball.com**

**Draft Date: June 24th**

**@ Dyckman Park 204th st & Nagle Ave**

**6-8 years old 10:00am-11:00am**

**9-10 years old 11:00am-12:00pm**

**11-13 years old 12:00pm-1:00pm**

**Tournament Start Date:**

**Sat. July 8th Sun. July 9th**

**Game # 1 Game # 1**

**Game # 2 Game # 2**

**Game # 3 Game # 3**

**Game # 4 Game # 4**

**Game # 5 Game # 5**

**Walk up Registration:**

**Saturday June 10th & June 17th 2017**

Dyckman Park Playground

**Time: 10:00am - 1:00pm**  
Location: Dyckman Park, 204st & 10th Ave

Age Groups:

**6-8 years old Diaper League**

**9-10 years old Pee-Wee Division**

**11-13 years old Super Pee-Wee Division**

**ONLY 7 PLAYERS PER TEAM**

**Registration Fee’s**

* **Members $100.00**

**PLEASE KEEP YOUR RECIEPT TO PICK UP YOUR UNIFORM**

* **Existing Members $ 75.00**
* REGISTRATION PRICE INCLUDES
* official Dyckman Branded Mesh Shorts
* official Dyckman Branded T-shirt

**Items Needed**

**\*\*\*\*\***

**VOLUNTEER COACHES ARE NEEDED**

**\*\*\*\*\***

* Copy of Photo ID or Passport
* Copy of Child's Birth Certificate
* Last Physical Examination
* Copy of Latest Report Card or Progress Report
* Payment for your registration

**Tournament Draft Date & Uniform Pick-up: June 24th 2016**

6-8 years old Draft Time 10:00am-11:00am..... (Pick up uniforms after draft /

**games will be played on Saturdays**)

9-10 years old Draft Time..11:00am-12:00pm… (Pick up uniforms after draft /

**games will be played on Saturdays**)

11-13 years old Draft Time 12:00pm-1:00pm… (pick up uniforms after draft **games will be played on Sundays**)

**Games will be played on Saturdays for Diaper & Pee wee Division (6-10 years old)**

**Games will be played on Sundays for Super Pee Wee Division (11 -13 years old)**

**Contact: Ken Stevens** 917 681 1480 mobile **Sharon Bond** 646 342-1307 mobile **Shenia Rudolph** 718 395-0440 mobile

**Mailing Address:** 4768 Broadway New York NY 10034 Suite # 903

## DYCKMAN BASKETBALL TOURNAMENT SUMMER 2017

**Athlete Waiver/Release Form (“Agreement”)**

I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I am receiving valuable experience by my involvement with the Dyckman Basketball Tournament In consideration thereof, I hereby grant permission for the player to play, compete and otherwise participate in the Dyckman Basketball Tournaments games, tournaments, clinics, camps, and all means including private, public and commercial activates sponsored by the Dyckman Basketball Tournament

I recognize the fact that basketball is a contact sport and that serious injuries can and do occur. I accept full responsibility for any injuries that may occur to myself as a result of me participating in the Dyckman Basketball Tournament. I waive any and all liability against the Dyckman Basketball Tournament / Staff, all School Districts, recreation centers, athletic facilities and any and all staff, volunteers, and anyone else helping or sponsoring this event, and herby release and discharge the same, from any claim, loss, injury, cost, damage and expense incurred/sustained, by or on behalf of my participation in the program.

I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant permission for the Dyckman Basketball Tournament to authorize medical or dental treatment for the player by any qualified physician/dentist or other trained medical personnel. Also, permission to use photos/videos for advertising and publicity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Team Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Player Name Printed Player Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Parent/Guardian Name Printed Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Address City & State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Cell Phone

##### Every Player, Parent and Coach needs to fill-out one of these forms

**2017 SUMMER IN-HOUSE**

**BASKETBALL TOURNAMENT**

**PARTICIPANT INFORMATION**

**First Name**:                          \_\_                      **Last Name**:                        \_\_\_\_\_\_\_    \_\_

**Home Phone**: **Cell Phone**:                          \_\_\_\_               \_

**Address:**          \_\_\_\_\_                   **City**:                                           **Zip:**

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

**Birth Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Age:**                 \_\_\_

**School:**                                                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade**:\_\_\_\_\_\_\_\_\_ **Gender:** M / F **Height**:

**Position:** PG SG Small Forward Power Forward Center

**YOUTH SIZES**

Shirt Size: SM Med.  LG.     XL

Short Size: SM Med.  LG.     XL

**ADULT SIZES**

Shirt Size:   SM Med.    LG.     XL    XXL XXXL

Short Size:   SM Med.    LG.     XL    XXL XXXL

**PARENT/GUARDIAN/EMERGENCYCONTACT INFORMATION**

First Name                                      Last Name

Home Phone Cell Phone

E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To complete registration process:

(Please Print this Document)

1. Provide copy of birth certificate at try-outs
2. Release of Liability waiver form signed and returned
3. Player information sheet filled out completely
4. Copy of school medical