



**RIVER CITY
BOYS & GIRLS BASKETBALL TOURNAMENT
NOVEMBER 11 – NOVEMBER 13**

Dear Coaches:

Please find enclosed information regarding the upcoming Post Falls River City Basketball Tournament. **The dates selected for the upcoming Boys' & Girls' Tournament is November 11th, 12th & 13th.** The tournament divisions are (3/4th, 5/6th & 7/8th).

The attached registration form must be postmarked by Friday, September 30th. Early registration is encouraged, as each division will be limited to eight (8) teams.

**River City League teams need to register for the tournament and league at the same time to SAVE \$30 and qualify for the discounted tournament fee of \$120.*

If you have any questions, please call our office at (208) 773-0539, Monday - Friday between the hours of 8:00am and 5:00pm. Our FAX number is (208) 773-7658.

Hope to see you at the tournament!

Sincerely,

Traci Stevenson
Post Falls Parks & Recreation Department
tstevenson@postfallsidaho.org

River City Basketball Tournament

BOYS & GIRLS: November 11th, 12th & 13th

SPONSOR: Post Falls Parks and Recreation Department

SITE: Post Falls, Idaho

GRADES: 3rd/4th Grade 8 Teams Maximum
5th/6th Grade 8 Teams Maximum
7th/8th Grade 8 Teams Maximum

Verification of grade levels for each participant is the responsibility of the head coach.

DEADLINE: Entries must be postmarked by Friday, September 30th. Some divisions may fill before the deadline.

ENTRY: \$150 per team or \$120 if you sign up for the River City League at the same time.

Make check payable to:

City of Post Falls

Send to:

Post Falls Parks and Recreation Department

408 Spokane Street

Post Falls, Idaho 83854

Phone No. (208) 773-0539 / Fax No. (208) 773-7658

ADMISSION: *\$5/Family pass per day *\$15 for a 3-day family pass
*Up to 5 members *Up to 5 members
\$1 addtl. Per person \$3 addtl. Per person

GAMES: All teams will be guaranteed four (4) games. Pool play will decide seeding for tournament.

TIMES: * Friday Evening: Starts at 5:30pm * Must be available to play on Friday*
Saturday: Starts at 8:00am
Sunday: Starts at 9:00am

***Please note the last game on Friday could START at 9:15pm ***

GYMS: **Key:** POND. Ponderosa Elementary School Ponderosa Blvd.
SELT. Seltice Elementary School 12th & Chase Rd.
M.T. Mullan Trail Elementary School 300 Cherry Street
PFMS Post Falls Middle School 15th & Henry

INSURANCE: Each player is responsible for his own medical coverage. Parents/legal guardians will have to sign a wavier for the Post Falls Parks and Recreation Department. Coaches must turn in ALL medical release forms with their complete packet.

AWARDS: The championship team in each grade division will receive a medal & T-shirts. The second-place team in each grade division will receive T-shirts.

REFUNDS: NO refunds will be issued unless a division is cancelled by the Post Falls Parks & Recreation Department.

ROSTER CHANGES: No roster changes will be allowed after 4:00pm on Thursday, October 27th.

CANCELLATION: If there are less than 5 teams in a division, the tournament will be cancelled for that age bracket.



RIVER CITY YOUTH BASKETBALL TOURNAMENT

RULES:

1. **NO FOOD OR DRINKS** will be allowed in any of the gyms.
2. A tournament supervisor will be assigned at each gym to answer any questions concerning the tournament, rules, or community.
3. Coaches & parents of all teams are asked to please help police their fans and pick up their own trash at the game.
4. High School Federation rules are in effect except for the following revisions deemed necessary to make the tournament operate smoothly for the personnel and facilities available.
5. **We will play 7-minute quarters. Half-time will be 5 minutes. There will be three (3) Full (1 minute) & two (2) (30-second) time-outs per game, with one (1) time-out for overtime play, which will last two (2) minutes.**
6. The 3-point rule will be in effect in all gyms.
7. Teams will consist of youths in specific grades. You can always play a younger child up into an older division, but youths may not be played down into a division for children younger than their current age.
8. Rosters can only have a maximum of 12 players per team. Rosters will have to show school and a contact person at the school for each member of the team. Rosters are required at the time of registration. Changes can be made by phone on rosters **till 4:00pm on Thursday, October 27th** to the tournament. A complete packet must include: **completed roster, (including parent signatures) with tournament** payment.
9. Using a player deemed illegal will result in forfeit of tournament games **and** any moneys paid for tournament.
10. Technical fouls will result in teams being awarded two (2) points automatically **and** the ball out of bounds.
11. Two technical fouls on any one player or coach in any one game will result in automatic suspension from play or coaching for the remainder of the tournament.
12. Courtesy Rule: 20 point lead = NO press, if the gap drops to 10 points, press will be allowed again.
13. Running clock: A 4th quarter running clock will be implemented at any time a 20 point lead exist during the 4th quarter. The clock will remain running regardless of the score once this rule is implemented. The clock will stop for timeouts.
14. Tie games in a pool play game will result in one (1), 2-minute overtime. If at the end of the extra 2-minute period the score is still tied, each team will be awarded ½ game win for pool standings.
15. In eliminations, teams will play 3-minute overtime periods until a winner is decided.
16. Pool play standings that end in a tie will follow the following tie breakers:
 - a) Head-to-head record of teams tied.
 - b) The team that has allowed the least amount of points in the combined games of pool play.
 - c) The team that has scored the most points in the combined games of pool play. (Any games over 20 points will be twenty-one (21) points).
 - d) Points scored minus points against to equal points differential.
 - e) If all else fails, a coin toss will be used to break any tie.
17. Each team will be required to supply one (1) scorekeeper per team. This person will be allowed into all tournament games free.
18. Each team is guaranteed a minimum of four (4) games.
19. We reserve the right not to accept more than one team from the same club within the same age division.

Post Falls Parks and Recreation Department reserves the right to have a team forfeit all games played and moneys if coaches, players, or team fans become unruly and/or unmanageable. Officials and the tournament director will confer with the team coach, and the tournament director will make the final decision. It is important to encourage good sportsmanship at all times. Officials deserve to be treated with respect from coaches, players, and parents attending each game.



POST FALLS PARKS AND RECREATION DEPARTMENT

(208) 773-0539 PHONE

(208) 773-7658 FAX

GRADE: _____ TEAM NAME: _____ Boys Team _____ Girls Team _____

TEAM COLORS: (Reversible Jersey) _____

POST FALLS RIVER CITY YOUTH BASKETBALL TOURNAMENT

*** No roster changes will be allowed after 4pm on 10/27. ***

NAME (First & Last)	BIRTHDATE	SCHOOL PHONE #	GRADE	HOME CITY	UNIFORM #	PARENT SIGNATURE	SHIRT SIZE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

By signing I hereby agree to participate in the above-named program, which is a recreational or educational activity to be conducted by the City of Post Falls and do hereby acknowledge that such participation present risks, some of which are unknown. I agree to assume all risks associated with such participation. I do hereby release and forever discharge the City of Post Falls, Idaho, its agents, servants, employees and cooperators from any and all real possible claims for damages or other harm to person or property, regardless of the manner by which any such claim may be bought. I accept the terms of this complete and total release and agree to be bound by it of my own free will. I understand that the Post Falls Parks & Recreation Department may use my picture for promotional purposes. I hereby consent to first aid, emergency medical care, and authorize, if necessary, admission to a hospital for treatment of injuries that I could sustain while participating in this program. I understand that I am responsible for any and all medical expenses that may be incurred as a result of any accident or illness while participating in the program.

PLEASE COMPLETE THIS FORM AND MAIL WITH ENTRY FORM TO:

Post Falls Parks and Recreation Department
 ATTN: Traci Stevenson
 408 Spokane Street
 Post Falls, ID 83854

Coach's signature _____

Coach's name: _____

Address: _____

Phone: _____ (Main) _____ (Work)

E-mail: _____

Assistant Coach: _____

Phone: _____ (Main) _____ (Work)

E-mail: _____

Shirt Sizes: Coach _____ Asst. Coach: _____