



CONCORDIA UNIVERSITY

2010 BOY'S HIGH SCHOOL SPRING LEAGUE

- GOAL: To provide a competitive, inexpensive and enjoyable High School Boy's Spring basketball league.
DATES: Sunday afternoons from April 18, through May 30 and concluding with single elimination tourney on Monday Memorial Day (May 31, 2010)
COST: \$50 per individual (includes scoring stats, League t-shirt and seven game dates).
INSURANCE: Players must provide their own medical/accident insurance.

RULES:

- A game will consist of 2 20-minute halves, running time.
The clock will stop for the last 2 minutes of each half if the game is within 10 points.
A team must have 5 players ready to play 10 minutes after the scheduled time to start or the game will be a forfeit.
A team with 4 players present must start at the scheduled time.
Only registered team members will be allowed to play during the league.

DEADLINE: The deadline for mail-in registration and payment is Tuesday, April. 13. Please mail all registrations to the address listed below. Reserving a team spot is allowed by phone or email but all teams must register with a minimum of 8 players. Payment must be made prior to participation on Sunday, April 18. League Directors will notify you with a phone call or email to confirm your enrollment, and the time of your first game on Sunday, April 18. A complete schedule of all games will be distributed after the first Sunday of competition.

CONTACT: Brad Barbarick, Head Coach, Concordia University
2811 N.E. Holman Street, Portland, Oregon 97211
503-280-8598 bbarbarick@cu-portland.edu
Credit card registrations are also available for the Concordia Spring League by going to www.ripacityhoops.com
Please note that an additional fee will be charged to your credit card for registering online.

REGISTRATION FORM (please print)

NAME: YEAR OF GRADUATION:
BIRTHDATE: AGE: HEIGHT: WEIGHT:
PARENTS/GUARDIANS:
ADDRESS:
CITY: STATE: ZIP:
HOME PHONE: EMERGENCY PHONE:
EMAIL:
SCHOOL: H.S. COACH:
KNOWN ALLERGIES OR MEDICAL CONDITIONS:
INSURANCECOMPANY/POLICY:

I hereby register my son in the CONCORDIA UNIVERSITY SPRING LEAGUE. I know of no mental or physical problems that may affect his ability to safely participate in this league. I authorize the league staff to attend to any health problems or injury my son may incur while participating in this league. I hereby release and hold harmless, the CONCORDIA UNIVERSITY SPRING LEAGUE and its' employees from any and all liability that may arise out of my son's participation in this league. I acknowledge that I am responsible for any and all medical expenses due to my son's illness and/or injury.

PARENT/GUARDIAN SIGNATURE DATE