

“GO HARD OR GO HOME: BATTLE OF THE 434”

Event Description

The Charlotte County Recreation Association is a 501c3 nonprofit organization dedicated to promoting recreation and sportsmanship for youth in Charlotte County, Virginia. The ***“GO HARD OR GO HOME: BATTLE OF THE 434”*** is an organized, competitive basketball for men and women ages 18 and over (as of January 1, 2015). The tournament will take place on Saturday, June 20, 2015, for the purpose of community fundraising and awareness for the Westpoint Park project. The tournament will be held as a “Single Game Elimination” one day event. Games will be played at Central Middle School in Charlotte Court House, Virginia.

Entry Fee and Registration Forms

\$175.00 team entry fee is required. This includes officials and team uniforms. Please make checks payable to Charlotte County Recreation Association, or CCRA.

Uniforms

Uniforms will be provided for each team, with the payment of all registration fees. Each team will be able to provide a team name and roster of jersey numbers and players. Players are required to wear athletic shorts and basketball sneakers.

Important Dates

Tournament: June 20, 2015

\$75 Registration Deposit: May 8, 2015

Early Registration Discount (\$25 off): May 22, 2015

Final Registration Fee & Rosters Due: June 5, 2015

Please be sure to visit and Like the following Facebook pages for more information regarding

“GO HARD OR GO HOME: BATTLE OF THE 434”:

<https://www.facebook.com/theccra>

<https://www.facebook.com/beginningsfamilyenrichment>

Also, share the Facebook Event with your friends on and off Facebook. This is a fundraising event!

“GO HARD OR GO HOME: BATTLE OF THE 434”

1. To register by mail, complete the Adult Team Registration Form and enclose a check or money order payable to Charlotte County Recreation Association, or CCRA, for \$175.00. Mail the completed form and check to: Charlotte County Recreation Association, Attention: Basketball Tournament, 175 Marshall St. Drakes Branch, VA 23937.
2. To register in person, bring completed Adult Team Registration Form along with a check or money order payable to the Charlotte County Recreation Association, or CCRA, for \$175.00. Please contact James Gregory to make arrangements to pay in person: (434) 315-3644.
3. Team registration deadline: Friday, June 5, 2015.
4. Refunds must be requested in writing no later than 5 working days after the deadline date.
5. Team Registration Fee: \$175.00. Check or Money Order payable to: Charlotte County Recreation Association, or CCRA.
6. Registrations will be handled in the following manner:
 - a. A maximum of 7 teams will be accepted.
 - b. Teams will be confirmed as registered by receiving their team entry receipt in the mail and acknowledgement via Facebook on the Charlotte County Recreation page and “Ball Til You Fall” Facebook Event.
 - c. New teams will be confirmed up until the June 10, 2015 (5 days following the deadline if space is available).
7. Coaches’ meeting will be conducted on Sunday, June 14, 2015 at 4PM at the Central Middle School Gym located at 250 Statesmen Dr. Charlotte Court House, VA 23923. Rules and General Guidelines for Players and Fans will be discussed. Final Rosters and Player Waivers **MUST** be received on this date. All coaches or player representatives are ***required*** to attend.
8. The tournament will be held on Saturday, June 20, 2015.
9. This is a Single Elimination Tournament.
10. The Tournament will commence at 9am and conclude by 5pm. There will be featured times to provide each team that advances break and rest, and a formal “half time” period before moving into the 2nd round and Championship Game.
11. If there are an odd number of teams, one team will receive a “First Round Bye” and automatically advance to the 2nd round. This will be determined at the Coaches’ Meeting on June 14, 2015.
12. Tournament Winner will receive a team plaque or trophy.
13. All Teams will receive a participatory certificate on behalf of Charlotte County Recreation Association.

14. Rule Highlights:
 - a. Team is allowed up to 8 players on roster.
 - b. Players will be furnished with uniforms which will be included in the fees per team. Each team can provide a team name. Team names cannot be offensive in nature or present any profanity or slurs that are distinguishable to a particular racial, ethnic, or group of people.
 - c. Initial player rosters will need to be submitted with the registration in order to customize and purchase the uniforms with team names and numbers.
 - d. Teams can change their roster up until June 14, 2015.
15. For any questions: Please contact James Gregory, CCRA: (434) 315-3644 or ccra8731@gmail.com or Monique Williams, Event Organizer, mdwilliams521@gmail.com

"GO HARD OR GO HOME: BATTLE OF THE 434"

ADULT BASKETBALL TEAM REGISTRATION

Please submit with your initial deposit and/or team registration. Team Deposits will secure your registration; however, the final balance must be received by the deadline in order to guarantee each team's participation.

Team Name: _____ **Coach:** _____

Coach or Team Representative (Attending Coaches' Meeting & Receive Notifications)

Name: _____ **E-mail Address:** _____

Phone: _____ **Cell:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Team Roster (Please print clearly)

Jersey #	Name	DOB	Phone/Cell	Waiver Rec'd

All final team rosters and individual players' waivers **MUST** be submitted on or before June 14, 2015. No exceptions.

"GO HARD OR GO HOME: BATTLE OF THE 434"

ADULT BASKETBALL INDIVIDUAL WAIVER

Name: _____ Gender: Female Male DOB: _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Cell: _____ Email: _____

Emergency Contact: _____ Phone: _____

Medical Information (Please list below any medical conditions and/or allergies):

Consent and Liability Waiver - Release of all claims (must be signed to participate)

As lawful consideration for being permitted to participate in the Go Hard or Go Home: Battle of the 434 Adult Basketball Tournament, I agree that I will not make a claim against, sue, attach the property of or prosecute Charlotte County Recreation Association, Beginnings Family Enrichment, Charlotte County Public Schools, and their agents, sponsors and employees for damages for death, personal injury or property damage which I may sustain as a result of my participation in these sporting activities. This release is intended to discharge Charlotte County Recreation Association, Beginnings Family Enrichment, Charlotte County Public Schools, in advance and their agents, sponsors and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my participation in the sports league, camp or clinic except for liability that may arise out of the willful or wanton misconduct of Charlotte County Recreation Association, Beginnings Family Enrichment, Charlotte County Public Schools and their agents, sponsors and employees. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF, KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS CHARLOTTE COUNTY RECREATION ASSOCIATION, BEGINNINGS FAMILY ENRICHMENT, CHARLOTTE COUNTY PUBLIC SCHOOLS, AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME (OR MY HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older, am physically fit and have no known medical conditions which prohibit participation in this sport. I agree to follow all laws, rules and guidelines regulating the conduct of the sports league, camp or clinic. I understand and agree that I am solely responsible for the mechanical and/or operating condition of any and all sporting equipment I use, and I agree to continuously inspect and maintain that equipment, even if I have obtained any of the equipment from Charlotte County Recreation Association, Beginnings Family Enrichment, Charlotte County Public Schools, their agents, sponsors and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CHARLOTTE COUNTY RECREATION ASSOCIATION, BEGINNINGS FAMILY ENRICHMENT, CHARLOTTE COUNTY PUBLIC SCHOOLS AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that Charlotte County Recreation Association, Beginnings Family Enrichment, Charlotte County Public Schools, and their agents, sponsors and employees may use my photograph in future promotions.

Signature: _____

Date: _____

Print Name: _____