

LEAGUE RULES

1. All games are (4) 8 minute quarters
2. Each team gets 4 time-outs
3. There is NO PRESS if a team is ahead by 20 points or more.
4. All players must play in ALL county games. If a player is not playing do to a discipline issue you must make the other coach aware of this BEFORE the game.
5. All other IAABO rules apply.

6. Each team pays one official at each game. The fee is \$20.00 per game.
7. Any games that are cancelled due to weather should be rescheduled between the two teams. The home is responsible for canceling the game. They should cancel at least two hours before the scheduled game time.
8. All scores should be reported. The winning team is responsible for reporting the score. You can fax it to 413-684-4033, email it to DMcMahon@daltongra.org, or call 413-684-0260 Ext. 15 and leave a message with the score.

9. At the end of the year there will be a one day single elimination Berkshire County Championship tournament. The entry fee is \$25.00 per team. The date for the tournament is March 11, 2007. The schedule is based on the league standings.

10. It is the home team coaches' responsibility to call the visiting coach to confirm game times and site.

11. Anyone who needs to have their games assigned can call Joe Maruco

Cell: 652-5272
Beeper: 292-1873
Email: joeref12@hotmail.com

Barbara Walsh: 441.9936; bwalsh@williamstownyba.org
Jeff Stripp: 441.7419; jstripp@williamstownyba.org

Contact Persons:

- Divisions for boys and girls by GRADE: 3rd/4th 5th/6th 7th/8th
- Concession Stand
- Championship Game ONE (1) Game ONLY
- Trophies for all First Place Teams
- Guaranteed two games: double elimination format
- \$40 per team (T-shirts Guaranteed if registered by deadline)

Mount Greylock Regional High School

NOVEMBER 21st

For Girls and Boys in Grades 3-8

Basketball Tournament!

2nd Annual 3-on-3 Youth



LYBA / WYBA 3-on-3 Tournament 2009 registration form

TEAM NAME: _____

(Print Clearly)

TEAM MEMBERS (Please enter 3 or 4 players)	Grade	AGE	Shirt Size (Adult S,M,L,XL)

Address _____

Make check payable to WYBA 3 on 3

Mail to: Williamstown Youth Basketball, 270 Cole Avenue, Williamstown, MA 01267

DEADLINE: FRIDAY NOVEMBER 13th, 2009!!!

Injury Release: In consideration of membership in WYBA or participation in the activities and programs of the WYBA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge I do hereby waive release and forever discharge the Mount Greylock Regional High School; Lanesboro Elementary School; Williamstown Elementary School, the Williamstown Youth Center, Williamstown Youth Basketball Association (WYBA), Lanesboro Recreation Committee and their officers, directors, agents, employees, representatives, executors, and all others from any and all responsibility or liability for injuries or damages resulting from my or my child's participation in any activities or use of equipment or machinery in the above-mentioned facilities or arising out of their participation in any activities at said facility. I do also hereby release and agree to indemnify all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to me or my child, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the WYBA or the use of any of the equipment at the WYBA. I agree to adhere to all policies set by the WYBA.

Medical Release: As a parent or guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the previous minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger their life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

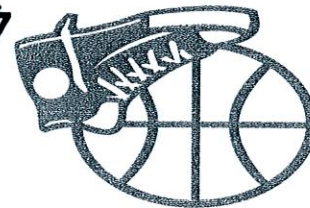
Parent Signature: _____

Date: _____

(EACH PLAYER MUST HAVE A SIGNED RELEASE)

CYC INVITATIONAL BASKETBALL TOURNAMENT

JANUARY 14TH, 15TH, 16TH, & 17TH



4 DIVISIONS

**5TH & 6TH GRADE BOYS AND GIRLS
7TH & 8TH GRADE BOYS AND GIRLS**

GUARANTEED 3 GAMES

ASSOCIATION REFEREE

SEMI-FINAL AND FINALS ON SUNDAY

REGISTRATION FEE IS \$200.00 FOR EACH TEAM

PLEASE MAKE CHECKS PAYABLE TO:

CYC TOURNAMENT COMMITTEE

MAIL CHECK & ROSTER TO:

PAULA QUINTO

75 REUTER AVE.

PITTSFIELD, MA 01201

QUESTIONS PLEASE CALL PAULA QUINTO

@ (413) 443-1446

OR EMAIL: HOLLIE3479@AOL.COM



ALL PROCEEDS GO TO CYC TRAVEL PROGRAM

***Please include a team photo for the tournament program. You can email the photo to: hmcneice@pittsfield.net**

CYC INVITATIONAL BASKETBALL TOURNAMENT
JANUARY 14TH-17TH, 2010
TEAM ROSTER

COACH _____ MAILING ADDRESS _____
 TEAM _____ PHONE NUMBER _____
 EMAIL _____

PLAYERS NAME D.O.B GRADE UNIFORM #

1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____