

**basketball  
at the  
lake**



**JULY 27-29, 2018**

**2<sup>ND</sup> ANNUAL MEDICAL LAKE  
SUMMER FEST**

**\$300 PER TEAM  
CONCESSIONS AVAILABLE  
5 GAME GUARANTEE  
BOYS AND GIRLS TEAMS  
VARSITY & JV LEVEL**

**@ MEDICAL LAKE HS  
200 EAST BARKER STREET, MEDICAL LAKE, WA 99022**



## 2<sup>ND</sup> ANNUAL MEDICAL LAKE HIGH SCHOOL SUMMER FESTIVAL JULY 27-29, 2018

**LOCATIONS:** MLHS - 200 East Barker Street, Medical Lake, WA 99022

**DATES:** July 27<sup>th</sup>-29<sup>th</sup>

**FORMAT:** Group play for seeding and bracketing preference, where applicable. All teams will play 3 round robin games and proceed to a modified multiple elimination **championship** tournament. The winning teams will receive championship shirts and trophies. All teams are guaranteed 5 games.

**RULES:**

- Teams listed as home team will wear light-colored uniform. Teams listed as away will wear dark-colored uniforms.
- Two 20-minute running halves. Clock will stop in last two minutes of each half.
- Modified foul shooting rule applies (1 attempt after 7 fouls - make = 2 points/miss = 0).
- One 30-second and one full timeout per half.
- Half time and overtime games will be 2 minutes in length.
- Technical and intentional fouls will result in two points and possession of the ball for the opposing team.
- Tie-Breaker: Head-to-head, point differential, coin flip

**ENTRY FEE:** \$300 Per Team (**Make Check Payable to Medical Lake High School** - Bring Payment and Roster to First Game)

**QUESTIONS:** Contact Coach Noel Hachtel at (210) 355-7680 or [nhachtel@mlsd.org](mailto:nhachtel@mlsd.org)

**School Name:** \_\_\_\_\_ **Level:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**PLAYER ROSTER/ASSUMPTION OF RISK:**

When a person is involved in an athletic activity injury can occur, especially in a contact sport like basketball. Realizing that there is risk inherent in any educational/recreational activity and in consideration of my child being allowed to participate in this event, I agree to release and hold harmless Medical Lake School District, together with its faculties, staff, board members and other agents, from any and all claims, liabilities and damages relating to any injury, sickness, death, or destruction of any property which may arise out of or result from or be in any way connected with the participation of my child in such event other than such claims, liabilities or damages arising from the gross negligence of the School or its employees. I will assume and pay my own medical and emergency expenses in the event of an accident or illness on any capacity. Additionally, my child is physically fit and sufficiently trained to participate in these events as attested by my signature below.

I acknowledge that I have read and understand the assumption of responsibility outlined above.

<u>No</u>	<u>Player Name (Print):</u>	<u>Parent Signature:</u>	<u>Address:</u>	<u>Phone Number:</u>

**COACH/WITNESS SIGNATURE:** \_\_\_\_\_