

FORM-01

SEASON 2016



Puerto Rico Little Lads and Lassies
PARADISE SHOOT OUT
International Basketball Tournament



F R A N C H I S E A P P L I C A T I O N

Organization Name: _____

General Manager Name: _____

Residential Telephone: _____ Cellular: _____

Residential Address: _____

Postal Address: _____

The Franchise has a cost of \$ 500.00 per team. The cost includes 12 uniforms.

Division: Little Lads 11 Under, Teams Quantity: ____ 12 Under, Teams Quantity: ____
13 Under, Teams Quantity: ____ 14 Under, Teams Quantity: ____ 15 Under, Teams Quantity: ____
16 Under, Teams Quantity: ____ 17 Under, Teams Quantity: ____

Division: Little Lassies" 14 Under, Teams Quantity: ____ 16 Under, Teams Quantity: ____

PARTICIPATION CONTRACT

I, _____ who social security (club) is _____, inform today _____, to the Administration of Puerto Rico Little Lads & Lassies Basketball Inc. that I agree to paid the entrance fee for the participation of ____ teams, that all together have a total cost of _____ for the season of _____, I must realize the payment after I attend the coach meeting. Is my responsibility to do what I have said previously, with the signature of this contract I am making myself responsible that I will comply in my personal character. Personal checks are not accepted. Only institutional checks, manager checks and money orders will be accepted.

Signature: _____ Date: _____

FORM - 02

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ORGANIZATION HISTORY

Organization Name: _____

General Manager Name: _____

Residential Telephone: _____ Cellular: _____

Residential Address: _____

Postal Address: _____

Brief Summary of Your Organization

(Please highlight the number of players who are participating, how many times have participated in the tournament and, if they have reached an achievement in the event or in the Puerto Rico Little Lads & Lassies Program.)

FORM - 03

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P L A Y E R C O N T R A C T

Organization Name: _____

Division: _____

Player Name: _____

Res. or Postal Address: _____

Telephone: _____

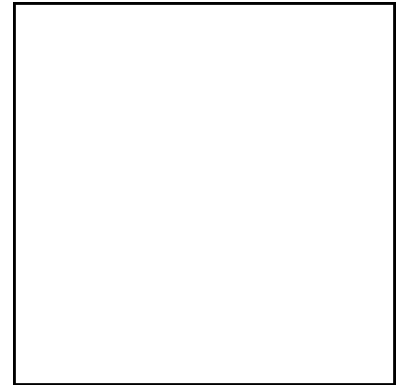


PHOTO 2 X 2

Birthdate: Month: ____ Day: ____ Year: _____ Sex: ____ Age: ____ Grade: ____

School Name: _____

School Telephone Number: _____

FATHER, MOTHER OR CUSTODIAN AUTHORIZATION

I authorize my son (or my daughter) to play in the tournament. I understand that my son/daughter is in perfect health state to play. I accept the Participation Terms of the Parents Discipline Code. I authorize the use of images and pictures of my participating son/daughter in the promotional efforts of the event.

Father, Mother or Custodian: _____ date: _____

ORGANIZATION AUTHORIZATION

Insurance Company: _____ Policy Number: _____

General Manager: _____ Telephone: _____

Team Coach: _____

This document must be accompanied by two recent 2X2 photos. If the player have previously participated in our league, a copy of the birth certificate. If the player has never participated in our league, you must submit the original birth certificate. You must also submit the health insurance certificate of the organization that you represent, and the policy number.

FORM - 04

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P L A Y E R S L I S T

Organization Name: _____

Team Name: _____

Uniform Colors: _____

Num.	Name	Birthdate	Age	Res. Telephone	School Name	Grade

General Manager: _____

Telephone: _____

Team Coach: _____

Telephone: _____

Assistant Coach: _____

Telephone: _____

Scorer: _____

Telephone: _____

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U N I F O R M S L I S T

Organization Name: _____

Team Name: _____

Division: _____

Shirt Color: _____

Sizes of uniforms:

Neck-Sleeve Color: _____

Pants Color: _____

YS = 6-8	AM = Medium
YM = 10-12	AL = Large
YL = 14-16	AXL = XLarge
YXL = 18-20	AXXL = XXLLarge
AS = Small	AXXXL = XXXLarge

Note: The uniforms have a maximum of two colors in their final manufacturing.

Num.	Player Name	Size	
		Pants	Shirt

Coach Name: _____

Res. Telephone or Cel. _____

General Manager: _____

Res. Telephone or Cel. _____

Email: _____ (required)

Note: To process this order must make a deposit of 50% of the franchise.

INFORMATION - 01

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PARTICIPATING S
CATEGORIES

Division: Little Lassies

13-14 Years - lassies born in 2002 - 2003

15-16 Years - lassies born in 2000 - 2001

Division: Little Lads

11 Under - lads born in 2005

12 Under - lads born in 2004

13 Under - lads born in 2003

14 Under - lads born in 2002

15 Under - lads born in 2001

16 Under - lads born in 2000

17 Under - lads born in 1999

Participating countries: Colombia, Dominican Republic, Virgin Islands, United States and Puerto Rico

The Franchise has a cost of \$ 500.00 per team. The cost includes 12 uniforms.

Five games minimum.

FORM - 06

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I N S U R A N C E W A I V E R

Participant understands; that he/she participating in PR LITTLE LADS & LASSIES BASKETBALL INC. program/tournament and using the facilities does so at his/her own risk. PR LITTLE LADS & LASSIES BASKETBALL INC. and its owner, employees or agents, shall not be held liable for any damages whatsoever arising from any personal injury or property loss sustained by participant with his/her family and friends in or about program/tournament premises, he/she does hereby fully and forever release, discharge, and hold harmless PR LITTLE LADS & LASSIES BASKETBALL INC., all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or fights of action, present or future resulting from any person's participation in any programs or use of facility. In addition, he/she agree(s) to follow the rules of conduct and play set by PR LITTLE LADS & LASSIES BASKETBALL INC. failure to do so may result in suspension from participation. I, the undersigned, parent or guardian/participant does hereby grant authority to the staff at PR LITTLE LADS & LASSIES BASKETBALL INC. to render a judgment, concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize PR LITTLE LADS & LASSIES BASKETBALL INC. and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

Player's Name

Parent's Signature

Date _____

Event: _____

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T E A M C R E D E N T I A L S H E E T

Division: _____

Team Name: _____

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DELEGATE	COACH	ASSISTANT COACH

General Manager: _____
Telephone: _____
Assistant Coach: _____
Telephone: _____

Coach: _____
Telephone: _____
Scorer: _____
Telephone: _____