

# FORM-01



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



### FRANCHISE APPLICATION

Organization Name: \_\_\_\_\_

General Manager Name: \_\_\_\_\_

Residential Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Residential Address / Postal Address: \_\_\_\_\_

#### DIVISION LITTLE LADS:

10 Under - Teams: \_\_\_\_ Cost \$500.00

11 Under - Teams: \_\_\_\_ Cost \$500.00

12 Under - Teams: \_\_\_\_ Cost \$500.00

13 Under - Teams: \_\_\_\_ Cost \$500.00

14 Under - Teams: \_\_\_\_ Cost \$500.00

15 Under - Teams: \_\_\_\_ Cost \$500.00

16 Under - Teams: \_\_\_\_ Cost \$500.00

17 Under - Teams: \_\_\_\_ Cost \$500.00

#### DIVISION LITTLE LASSIES:

13-14 Years - Teams: \_\_\_\_ Cost \$500.00

15-16 Years - Teams: \_\_\_\_ Cost \$500.00

17-18 Years - Teams: \_\_\_\_ Cost \$500.00

### 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**



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



**ORGANIZATION HISTORY**

Organization Name: \_\_\_\_\_

General Manager Name: \_\_\_\_\_

Residential Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

**Brief Summary of Your Organization**

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(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



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



### PLAYER CONTRACT

Organization Name: \_\_\_\_\_

Division: \_\_\_\_\_

Player Name: \_\_\_\_\_

Res. or Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

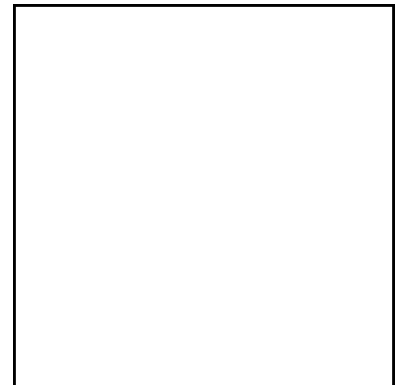


PHOTO 2 X 2

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**



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



**PLAYERS LIST**

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: \_\_\_\_\_

# FORM - 05



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



### UNIFORMS LIST

Organization Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Division: \_\_\_\_\_

Shirt Color: \_\_\_\_\_

Sizes of uniforms:

Neck-Sleeve Color: \_\_\_\_\_

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

Pants Color: \_\_\_\_\_

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



**Puerto Rico Little Lads and Lassies**  
**PARADISE SHOOT OUT**  
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## PARTICIPATING S CATEGORIES

**Division: Little Lassies**

13-14 Years - lassies born in 2004 - 2003

15-16 Years - lassies born in 2002 - 2001

17-18 Years - lassies born in 2000 - 1999

**Division: Little Lads**

10 Under - lads born in 2007

11 Under - lads born in 2006

12 Under - lads born in 2005

13 Under - lads born in 2004

14 Under - lads born in 2003

15 Under - lads born in 2002

16 Under - lads born in 2001

17 Under - lads born in 2000

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** and a shirt for the coach.

Five games minimum.

# FORM - 06



**Puerto Rico Little Lads and Lassies**  
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## INSURANCE WAIVER

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: \_\_\_\_\_

**FORM - 07**

**SEASON 2016**



**Puerto Rico Little Lads and Lassies**  
**PARADISE SHOOT OUT**  
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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: \_\_\_\_\_


<b>DELEGATE</b>	<b>COACH</b>	<b>ASSISTANT COACH</b>

General Manager: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Assistant Coach: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Coach: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Scorer: \_\_\_\_\_  
Telephone: \_\_\_\_\_