



WARLORDS TOURNAMENT 2023



REGISTER YOUR TEAM ONLINE

Submit your application and entry fee
online by February 15, 2023

<http://sacramentowarlords.org/tournament>

DATES

March 25 & 26, 2023

DIVISIONS

Boys – Grades 7 , 8, 9 10, 11 & 12

Girls – Lower (Grades 9 /10) & Upper (Grades 11/12)

ENTRY FEE

\$450.00 per team

Form	Deadline
Online Registration & Entry Fee	February 15, 2023
Online Roster Submission	March 8, 2023
Online Tournament Shirt Pre-Order	March 8, 2023
Hardship Roster Change Requests <i>(submit form by email)</i>	March 18, 2023
Team Waiver <i>(print and turn in hard copy)</i>	March 25, 2023, prior to first game

ROSTER CHANGES

Once registered, teams can manage their rosters **online** through March 8, 2023. Changes after this deadline will only be considered on a hardship basis (fewer than 8 players). Requests must be submitted on the enclosed *Hardship Roster Change Request Form* and approved by the tournament committee. Submit hardship requests via email to tourney@sacramentowarlords.org by March 18, 2023.

TOURNAMENT GUIDELINES

- Players should meet the eligibility requirements of their respective organizations
- Players must be division grade or below
- Players cannot play for more than one (1) team and one (1) division
- Upon acceptance, entry fee is non-refundable
- We reserve the right to adjust divisions as necessary

COVID-19 REQUIREMENTS

No additional COVID-19 protocols are required at this time, other than the acknowledgement and signing of the *Team Waiver*. Masking is encouraged but not required. We ask that any participants feeling unwell refrain from attending the tournament, and we reserve the right to deny entrance to anyone exhibiting symptoms of illness.

Sacramento Warlords Basketball Tournament Committee

Contact us at tourney@sacramentowarlords.org



HARDSHIP ROSTER CHANGE REQUEST FORM

DEADLINE: MARCH 18, 2023
 Email to tourney@sacramentowarlords.org



- Teams can manage their rosters **online** through March 8, 2023
- Roster changes after April 15, 2022 will be considered on a hardship basis only (fewer than 8 players)
- To be considered, hardship requests must be submitted using this form by March 18, 2023
- Please remember to include approved additions to your *Team Waiver*

Division _____ Team _____ ManagerName _____

Phone _____ Email _____

	Jersey #	REMOVE the following players:	Reason for Request
1			
2			
3			
4			
5			

	Jersey #	ADD the following players:	Height	JV/VAR	Grade	Birthdate
1						
2						
3						
4						
5						

FOR TOURNAMENT COMMITTEE USE ONLY:
 REC'D DATE: _____ REVIEWED BY: _____



**TEAM WAIVER
PLAYER MEDICAL & LIABILITY RELEASE FORM**

DEADLINE: MARCH 25, 2023

*Submit by mail to 8377 Josiah Court, Elk Grove, CA 95757
or turn into your Gym Coordinator prior to your first game*



As the team representative of the registered team, I agree to print the PLAYER MEDICAL & LIABILITY RELEASE FORM, obtain signatures from the parent(s) or legal guardian(s) of the minor participants, and provide this completed form to the Sacramento Warlords Tournament Committee by prior to our team's first game on May 25, 2023.

I understand that by signing the release form, the minor participants and their parent(s) or legal guardian(s) agree that the Sacramento Warlords and the locations used to facilitate the tournament shall not be liable for any illness, injury or loss sustained by the player while participating in the 2023 Warlords Basketball Tournament. The signing of the release form:

1. Shall be considered a waiver of any claim for illness, injury or loss.
2. Authorizes the Sacramento Warlords to obtain medical treatment and services for any player(s) whose parent(s) or legal guardian(s) is not present. Parent(s) or legal guardian(s) agrees to pay the fees and costs for such treatment and services.
3. Means the parent(s) or legal guardian(s) and his/her (their) organization shall be responsible for any damages caused by their player(s) to any location used to facilitate the tournament.
4. Acknowledges that any player without a parent or legal guardian signature will not be allowed to participate in the tournament.

By signing this agreement, I understand and acknowledge the contagious nature of illnesses such as COVID-19, and voluntarily assume the risk that my child and I may be exposed to or infected while participating in the tournament, and accept sole responsibility for any resulting harm, loss, or injury. I agree that my child or I will not attend the tournament if feeling ill, which includes, but is not limited to, the following symptoms: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, etc. I understand and acknowledge we may be denied entrance or admittance if the tournament committee determines that we are showing any such symptoms.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO PROVIDE A COMPLETED FORM TO THE TOURNAMENT COMMITTEE.

Division _____

Team _____

Manager Name _____

Phone _____

Email _____

	Name of Player (Please Print)	Signature of Parent or Guardian	Emergency Name & Phone #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

FOR TOURNAMENT COMMITTEE USE ONLY:

REC'D DATE: _____ REVIEWED BY: _____