

**RIVERVIEW ATHLETIC
ASSOCIATION
17TH ANNUAL
ROUNDBALL CLASSIC**



Monday February 26 - Sunday March 11th 2018

This tournament will be held at 10th Street Elementary School and Riverview High School in Oakmont and is open to girls and boys in the 5th & 6th grade (or lower grades).

AAU Teams are not eligible.

Entry fee \$190.00 per team
R.S.V.P. by February 18, 2018

Round Robin format with 3 games guaranteed
Top teams will advance to the playoff round

For More Information Contact:
Craig Betler - 412.302.7011
RAAHoops@comcast.net

More information available at
www.raasports.org

Don't give up, Don't ever give up!
~Jim Valvano~

RIVERVIEW ATHLETIC ASSOCIATION ROUNDBALL CLASSIC TOURNAMENT RULES

1. PIAA rules govern. 5th & 6th grades are mixed.
2. Round robin play with winning team (or teams) advancing to playoffs/championship.
3. Four, 6 minute quarters.
4. Three time outs per game, no carry over into overtime. One time out per each overtime with no carryovers. All time outs are 45 seconds long.
5. Two minute overtime period.
6. Tournament Sponsor will provide official score book.
7. Schedule tournament times and dates will be final. No show= forfeit.
8. Riverview Athletic Association and Riverview school District assume no responsibility for injury or property loss.
9. Coaches are responsible for all actions of players and/or fans. Coaches or players receiving two technical fouls in a game will be ejected and suspended for one game.
10. Maximum of 15 players per team. Only players listed on the roster can play. No player on a roster for one team can play or be listed on a roster for another team. No exceptions.
11. Tie breakers are as follows:
 - A. Head to head
 - B. Least total points given up in all games.
 - C. Most total points scored in all games.
 - D. Point difference in games involving teams that are tied.
 - E. Tournament committee decision that will be final.

RIVERVIEW ATHLETIC ASSOCIATION
ROUNDBALL CLASSIC TOURNAMENT ROSTER

Name

Number

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

Team Name: _____
Coach: _____
Email Address: _____
Phone Number: _____
Contact Address: _____

Make Check Payable to:
Riverview Athletic Association
P.O. Box 374
Oakmont, PA 1513

RIVERVIEW ATHLETIC ASSOCIATION
RELEASE FOR ATHLETIC PARTICIPATION

Name:

Street:

City, State, Zip Code:

Phone Number:

Team/Grade:

I have voluntarily enrolled as a participant in a Riverview Athletic Association sponsored sports program. I am aware of the risks inherent to participation and active physical exertion in the above named sport. I am aware that there are always certain risks involved in any type of sports league and declare myself, or my child, physically sound and have medical approval to participate in your program.

I do hereby release the Riverview Athletic Association, its officers, directors, and agents, from any and all liability related to injuries or accidents which may occur as a result of participation in the above named sports program.

Date: _____ Signature: _____

(A parent's signature is required if participant is 17 years old or younger.)