



DIOCESE OF CORPUS CHRISTI

Department of Pastoral Parish Services
Office of Youth Ministry

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Corpus Christi, Texas 78401

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YouthOffice@DioceseCC.org

KING OF THE COURT 2017

St. John Paul II High School Gym -Corpus Christi, TX
Saturday, July 22, 2017, 9 am – 4 pm

King of the Court is a 3-on-3 Basketball Tournament coordinated by the Diocese of Corpus Christi Office of Youth Ministry for youth in grades 6-12. This tournament is for **all youth** whether or not they attend a church youth group. The purpose of this event is to provide more diocesan sport related events for the youth in our diocese and to bring all youth together in fellowship, prayer, and games while reminding ourselves that everything we do should be to give glory to God.

The Diocese of Corpus Christi Office of Youth Ministry has partnered with several local charities for this event. 100% of the registration fees collected from each team by the Diocese of Corpus Christi will be donated to a charity. Teams can choose which charity they would like to support from the included charity list.

Teams will consist of youth from the 2016-2017 school year
High School teams must consist of players in **9-12 grades**
Middle School teams must consist of players in **6-8 grades**

No co-ed teams for this tournament.

Adult Chaperone: Team Coach must be team's chaperone

Registration Deadline –July 14th by noon or when no more spaces are available.

Registration Fee
\$25 per team member; teams are made up of 3-4 people

Registrations & Checks made payable to: Diocese of Corpus Christi, attention: Office of Youth Ministry,
620 Lipan Street, Corpus Christi, TX 78401.

If there are any questions please call or email the Youth Office: 361-882-6191 or YouthOffice@DioceseCC.org.

King of the Court

July 22, 2017

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4. Basketball Liability Form - (Each player must have this form completed in with the registration packet.)
5. Parent /Guardian Consent & Medical Form (2 pages) - (Each player must have these two pages completed with the registration packet.)
6. Tournament Rules
7. Charity List - (This form is to be completed by the Adult Coach and turned in with the registration packet. Please make sure which agencies and how much you want your registration fees going to. The Diocese of Corpus Christi will collect all fees and then send grand totals to each agency as a donation contribution from your team.)

Timeline for King of the Court

July 14, 2017 - Team Registration form, Basketball Liability Form, Parent /Guardian Consent & Medical Form, and Charity List due to the Youth Office

July 17, 2017 - Tournament Schedule released to teams

July 22, 2017 - Day of the Tournament (St. John Paul II High School Gym- Corpus Christi)



Team Registration Form

The King of the Court

July 22, 2017

St. John Paul II High School Gym
3036 Saratoga Blvd., Corpus Christi, Texas 78415

Team Name: _____

Team Gender: Boys _____ Girls _____ Team Age Division: High School _____ Middle School _____

Player #1 Name: _____ Grade: _____ Shirt Size _____

Player #2 Name: _____ Grade: _____ Shirt Size _____

Player #3 Name: _____ Grade: _____ Shirt Size _____

Player #4 Name: _____ Grade: _____ Shirt Size _____

Adult Coach Name: _____

Adult Coach Email: _____ Adult Coach Phone: _____

I verify the team registering are under my care and my responsibility and their ages are correct and they understand their registration fees collected by the Diocese of Corpus Christi will support a charity I identify and select from the list in this packet and I will be their chaperone during the event.

Coach's Signature: _____

Registration Fee

\$25 per team member; teams are made up of 3-4 people

Number of Team Members: _____ X \$25 = Total Amount \$ _____

Registrations & Checks made payable to: Diocese of Corpus Christi, attention: Office of Youth Ministry,
620 Lipan Street, Corpus Christi, TX 78401.

If there are any questions please call or email the Youth Office: 361-882-6191 or YouthOffice@DioceseCC.org.

Basketball Liability Form

LIABILITY WAIVER

Basketball presents certain inherent risks and hazards, which the Player (participant) and parent/guardian are urged to consider. To the best of my knowledge, there are no physical or other health-related conditions, which will interfere with my child's participation. I, the undersigned parent/ guardian for named Player, understand and acknowledge that such recreational activities have inherent risks, dangers, and hazards, foreseeable and unforeseeable that may result in injury, illness, property damage, or even death. On behalf of myself and my family, our heirs, successors, and assigns, I hereby release and agree to hold harmless the Diocese of Corpus Christi, other churches involved and all volunteers, from all damages, claims, suits, expenses and payments for injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from the negligence of the Diocese of Corpus Christi, other churches involved and all volunteers. The Diocese of Corpus Christi, other churches involved and all volunteers, assume no liability for injury or damage arising from the results of participation of the Player named. I also understand that my child will be participating in this event with adults over the age of eighteen.

PHOTOGRAPHY/VIDEOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletters, web pages, calendars, power point, video, newspaper, social media, news media, etc.) in highlighting the event.

MEDICAL TREATMENT RELEASE

Due to the strenuous nature of basketball, the Player participant is urged to consult their physician concerning their fitness to participate. I, the undersigned parent/guardian for the above named Player hereby approve of my child's participation in the "King of the Court" basketball tournament and consent to emergency treatment for my child on my behalf. In an event where I am not present and with the understanding that I will be notified as soon as possible and 911 may be called.

My signature represents my consent to all three (3) sections above:

Player's Name: _____

Parent/Guardian Signature (if under 18): _____

Participant Signature: _____

Date: _____



Diocese of Corpus Christi/ Office of Youth Ministry

Parish/School: _____

Youth Spectacular Event

**PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND
MEDICAL CONSENT**

Participant's Name _____ Date of Birth _____

Home Address _____

City _____ Zip Code _____

Parent(s)/Guardian(s) _____

Cell Phone (_____) _____ Home Phone (_____) _____

Email Address: _____

Parish or Catholic School _____ Grade _____ Age _____ Sex _____

**PARTICIPATION CONSENT, LIABILITY WAIVER &
PHOTOGRAPHY/VIDEOGRAPHY CONSENT**

Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
If participant is 18 years of age or older, consent must be signed by the individual)

I (name of parent/guardian) _____, grant
permission for my child, (participant's name) _____,
to participate in **King of the Courts Basketball Tournament** to be held **July 22, 2017 at**
St. John Paul II High School, 3036 Saratoga Blvd., Corpus Christi, Texas 78413 .

I agree on behalf of myself, my child's other parent if known or living (name of parent) _____
_____, my child named herein, or our heirs, successors, and assigns, to release and hold harmless and defend the
Diocese of Corpus Christi, the sponsoring parish (its pastor, youth minister, principal, other agents, etc.) or any
representatives associated with the scheduled activity from all damages, claims, suits, expenses and payments for
injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from the
negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees.

**As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this
event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web
page, calendars, power point, video, etc.) in highlighting the event.**

Signature (Parent/Guardian)

Date

Signature (Participant 18 years of age or older must sign own consent)

Date

MEDICAL CONSENT

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medications:

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has had an episode of the following or has been diagnosed: Seizures Asthma Diabetic

Allergic reactions to the following (foods, dyes, latex etc.) _____

Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No

Has a medically prescribed diet? _____

The following physical limitations? _____

Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____

You should also be aware of these special medical conditions of my child: _____

Insurance Information

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____

Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian)

Date

Signature (Participant 18 years of age or older must sign own consent)

Date

THE TOURNAMENT

1. The games being played are for charity. All registration fees collect from each team will go towards a charity from the list of charities in this packet. These charities have already consent and are approved for this particular event.
2. All players must have their liability forms before playing in this tournament and must have an adult coach as their chaperone (or parents present). The Diocesan Youth Director and Event Coordinator will make all final decisions related to this event (Jaime Reyna and David Mirabal).
3. A schedule of the games will be posted online on the Diocesan Youth webpage www.diocesec.org after all teams have paid their registrations to the Office of Youth Ministry as directed in the packet. The team must arrive on time ready to play on their respected time slots. If the full team has not arrived ready to play, they forfeit the game. NO REFUNDS.
4. Communication about the event between the teams and the Diocese of Corpus Christi will be through the Coach and Captains only. Therefore, if there are any questions prior to the event or during the event, the Event Coordinator and Diocesan Youth Director will consult with one of these people.
5. If a team does not comply with the rules and/or does not display a Christ-like manner, they may be asked to leave and not participate in the tournament and will forfeit their registration fee, after an attempt was made to correct any problems unsuccessfully.
7. Team Captain, or Coach can pick up their team's packet the day before the tournament at a location and time to be determined the week of the event - will be posted online or can contact the Office of Youth Ministry 361-882-6191.



THE GAME

1. Each game will consist of two (8 minute) halves with one (2 minute) half time, and the team with the highest score wins. In case of a tie, overtime shall be (2 minutes).
2. Teams score by either regular two-point baskets, or by three-point shots taken from outside the three-point circle or by successful free throws.
3. After a basket has been scored or a foul called, a player must put the ball in play from a line past the three point line above the foul key.
4. All held balls will be put into play behind the three point line with possession given alternately to each team.
5. On defensive rebounds or steals, players must return the ball by dribble or pass across the three point line before a basket may be attempted. Once across the line, they do not have to pass the ball before shooting.
6. Any player may convert an offensive rebound.
7. After a basket, the team scored upon will put the ball in play.
8. Fouls will be called by referee. A foul called in the act of shooting will result in either two or three free throw attempts being awarded to the team which was fouled, if not a shooting foul the team that was fouled will be given possession above the three point line. There is no bonus situation for fouls.
9. The three second free throw lane rule will apply to all offensive players.
10. Substitutions may be made after a basket or an out of bounds play.
11. There are no time outs.
12. Time will not be stopped to discuss any call.
13. When applicable UIL rules will apply.



PLAYERS

1. It is the captain's and coach's responsibility to make sure all players are present at the beginning of the game. No team may play with only two players.
2. Jersey's must be worn and they must all be the same matching color for every player on the team and must not contain any inappropriate images or language contrary to the Catholic Faith. Anything inappropriate will be redirected or will result in an automatic forfeit.
3. The team jersey must also cover the players torso, the torso is the portion of the jersey from an imaginary line at the base of the neckline extending to each armhole, down to the bottom hem of the jersey and from side to side. The imaginary neckline is not to extend beyond 1 ½ inches from the lowest point of the neckline.
4. Numbers worn must be visible on the front and the back, the following numbers are legal: 0, 1, 2, 3, 4, 5, 00, 10, 11, 12, 13, 14, 15, 20, 21, 22, 23, 24, 25, 30, 31, 32, 33, 34, 35, 40, 41, 42, 43, 44, 45, 50, 51, 52, 53, 54, 55. Numbers shall not have colors that contrast the color of the uniform.
5. Jerseys can be homemade but must adhere to the rules above.
6. Jerseys must be tucked in at all times.
7. Basketball shorts are not to be shorter than one inch above the knee and must be loose fitting. Anything inappropriate will be redirected or will result in an automatic forfeit.
8. Basketball shoes must be worn at all times while playing on the court.
9. No players can be added or substituted to the team after the registration packet is submitted.



King of the Courts Basketball Tournament – Charity List

Team Name: _____ Coach Name: _____

Please select one or several agencies and how much on each agency your team wants to donate to. This form must be turned in with registration packet in order to designate team’s registration fee towards a charity of the team’s choice from this list.

Name & Location of Charities	Services they offer	Contact Information for volunteering	Total Registration Fee amount donated
Ark Assessment Center & Emergency Shelter for Youth 12960 Leopard Street Corpus Christi, TX 78410	Assessment Services, provide emergency shelter for children & youth, works with referrals from Child Protective Services	Sr. Milagros Tormo, M.J.M.J. Delma Trejo 361-241-6566	
Catholic Charities of Corpus Christi, Inc. 1322 Comanche Corpus Christi, TX 78401	Emergency Aid, Family & Individual Counseling, First Call, Heathy Living Center, Housing Counseling, Immigration & Refugee Services, Ministry for the Disabled, Representative Payee, Rural Outreach	Linda McKamie Doreya Dean 361-884-0651	
Mother Teresa Shelter, Inc. 513 Sam Rankin Avenue Corpus Christi, TX 78401	Transitional Housing for men, Multi-Purpose Activity & Therapeutic Center, Continuum of Care	Sr. Rose Paul Moonjely Linda McKamie 361-883-7372	
The Food Bank of Corpus Christi 826 Krill Street Corpus Christi, TX 78408	Backpack program, Kids Café, Mobile Pantry, Nutrition Education, Diabetes Hands-on, Learning Classes, Teen Table, Outreach program	Beatriz Hanson Sylvia De La Cerda 361-887-6291	
Corpus Christi Hope House 658 Robinson Street Corpus Christi, TX 78404	Life skills training program, Gabriel Project, Community Outreach, services for those pregnant and many other services	Melissa Juarez Ray Reeves 361-852-2273	
Women’s Shelter of South Texas 813 Buford Street Corpus Christi, TX 78404	24 hour hotline, Emergency Shelter, Batterer’s intervention & Prevention Program, Case Management, Clinical Services, Counseling Services, Support Groups, Rape Crisis Services, Legal Advocacy, Youth Services	Melissa Liskey 361-884-2900	

_____ Check here is you would like your registration fee to be distributed among the charities with the least amount of donations.