



TOURNAMENT DATES: April 1-2, 2023

ENTRY FEE: \$200 per team

MAILING ADDRESS: City of Pharr

Parks and Recreation

1011 W. Kelly Ave.

Pharr, Texas 78577

ENTRY DEADLINE: Friday, March 24, 2023

For questions, please call 956-402-4550

TOURNAMENT FORMAT: Single elimination with a consolation.

TOURNAMENT DIRECTOR: Anthony Rivera

Phone: 956-358-3983

Anthony.Rivera@pharr-tx.gov

TOURNAMENT SITE: Liberty Middle School

1212 S. Fir St.

Pharr, Tx 78577

TOURNAMENT RULES: Games will be played under current Men's NCAA playing rules, with

some exceptions made by TAAF specifically for TAAF regional and state

basketball tournaments (see rules portion of this packet).

BRACKET POSTING DATE: The tournament bracket will be sent Thursday, March 30th.

Teams may call for first game time only, 956-402-4550.





ROSTERS:

Rosters must be complete and submitted on an official TAAF roster (attached). Additionally, rosters must be verified by the team's local

TAAF representative. Rosters are due at first game check-in.

PLAYER CHECK-IN:

Check-in begins 45 minutes prior to the first game. Teams must check-in at least 30 minutes before their first game and all players must present a valid Texas driver's license PRIOR to playing in any game. A driver's license is needed to verify age. Any player that does not check-in prior to playing may be ejected from the tournament.

AWARDS:

Team trophies are awarded to: State Champion, State Runner-up.
Individual t-shirts for state champion will be awarded.
We ask all teams remain in uniform for trophy presentation and pictures.

ADDITIONAL QUESTIONS:

Please call or email Anthony Rivera

Phone: 956-358-3983

Anthony.Rivera@pharr-tx.gov

GENERAL REMINDERS:

a permanently affixed, non-duplicated number on the front AND back.

Teams must turn in a completed, official TAAF roster before or at checkin. Rosters should have TAAF representative's signature.

Players must present a valid Texas driver's license prior to their first game to be eligible. [No picture ID=No play.] Players who fail to present ID prior to playing, may be ejected from the tournament.

Please read this packet carefully. Failure to prepare necessary items is not an exception.

Players must have jerseys with the same base color. Jerseys must have





TOURNAMENT RULES

ROSTERS: Official T.A.A.F. Rosters, 12 players maximum.

RULES: All games will be governed by the 2022-2023 NCAA Rulebook and the 2023 T.A.A.F.

Cavalcade of Sports with the following exceptions:

OFFICIAL GAME: An official game shall consist of two (2) twenty (20) minute halves with a running clock

for the first eighteen (18) minutes of each half. A running clock stops only for free throws and time-outs. A regulation clock will stop for all whistles the last two (2) minutes of each half and each successful field goal in the last one minute of the second

half or overtime period.

FORFEIT TIME: Each team must have five eligible players on the floor at game time. Time outs may be

used to allow for players to arrive. Timeouts are taken in their entirety (30 seconds or 1 minute); partial timeouts are not allowed. Officials will have the authority as to when a

forfeit will be called, and their decision shall be final.

HALF TIME: A five (5) minute half-time will be observed.

TIME-OUTS: Teams will be allowed four (4) one (1) minute time-outs and two (2) thirty (30) second

time outs per game.

OVERTIME: Each overtime will consist of a three (3) minute period with the clock stopping for all

whistles during the entire period. Each team will be allowed (1) full timeout. Teams will

lose any timeouts they had remaining at the end of regulation.

JERSEYS: Players on each team must wear jerseys that are identical in the base color of the jersey

and must a six (6) inch number on the back and a four (4) inch number on the front. Numbers must be permanently affixed to the jersey, not taped, or pinned to the jersey. Numbers that are handwritten in pencil, marker or any type of ink pen will not be

allowed.

GAME BALL: The City of Pharr will provide game balls. Teams should bring and use their own

balls for warm-ups.

POINT RULE: A point ahead rule of twenty (20) points will be used in all adult basketball games.

If a team is up by twenty (20) points, the clock will not stop except for injuries and timeouts until the team ahead is ahead by less than twenty (20) points. Like the rest of the

game, the clock can be stopped by a time-out.

SHOT CLOCK: The five second closely guarded while dribbling violation will be in effect for all T.A.A.F.

Adult Basketball State Tournament basketball games as a result of the absence of a shot

clock for T.A.A.F. Championship play.





EJECTIONS: Any player or coach ejected from a game during the tournament for

unsportsmanlike conduct will not be allowed to play or coach for the remainder

of the tournament and must leave the facility. The Tournament hosts

reserves the right to adjust suspensions at their discretion if circumstances

warrant.

TECHNICAL FOULS: Two (2) technical fouls on any one (1) player for unsportsmanlike conduct

constitutes an EJECTION of that player from the game.

Line-ups must be recorded in the official scorebook TEN (10) MINUTES before the

scheduled game. Line- ups should include each player's first and last name and

their jersey number.

IDENTIFICATION: Team check-in will begin 45 minutes prior to the first game of the day. Each

team will need to check in, turn in roster and pick up shirts. Each player must be able to produce a valid driver's license or official picture identification at any time during the tournament. Players have to be 45 in this calendar year (2023).

PHONE NUMBER: Pharr Parks & Recreation Center 956-402-4550





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PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY

I ("The Participant"), in consideration of my participation in the Texas Amateur Athletic Federation ("T.A.A.F.") Championship Competition hereby grant to T.A.A.F. the right to record, broadcast and otherwise exploit in any and all media throughout the world my performance in the T.A.A.F. Championship Competition and to use my name, likeness, voice and biographical information concerning me in connection therewith.

I assume all risks associated with my participation in the T.A.A.F. Championship Competition, and on behalf of myself, and my heirs, executors and administrators, in consideration of my participation in the T.A.A.F. Championship Competition, I hereby waive all claims against and release and hold harmless T.A.A.F., the sponsors of the T.A.A.F. Championship Competition (the "Sponsors"), and the host municipalities ("Hosts"), and their respective directors, officers, employees, agents, attorneys, successors and assigns, from and against any and all claims, damages, liabilities, causes of action, losses, costs and expenses, including reasonable attorneys' fees, arising out of or in connection with my participation in the T.A.A.F. Championship Competition, including without limitation, death, any personal injuries or loss of, damage to or loss of use of property, which I may incur as a result of my participation in the T.A.A.F. Championship Competition, including any death, personal injuries or loss of, damage to or loss of use of property which may be the result of negligence on the part of T.A.A.F., and/or a Sponsor and/or the Hosts. I warrant that I am of legal age and that I have read and fully understand the foregoing terms.

TEAM MANAGER'S GUARANTEE

I represent and warrant that I am the Team Manager for the Team named on Page 1, that I am of legal age and that I depose and say that all of the information supplied on Page 1 is correct to the best of my knowledge and that all of the players signed the roster in their own handwriting and that they are eligible to compete with my team in the T.A.A.F. Championship play and agree to be bound by the rules and regulation of T.A.A.F. as contained in the Cavalcade of Sports.

Date

	Dutc.
Certified by Representative	
Title:	Phone: ()
REQUIRED GUARANTEE FOR INDUSTRIAL DIVISIONS	
players on this roster (on Page 1) are full-time employees o	nel records of the company which this team represents and that all of the of the said company and to the best of my knowledge each of the players championship play according to the rules and regulations of T.A.A.F. as
Certified by Representative	Date:
Title:	Phone: ()



Texas Amateur Athletic Federation Official Team Roster Form- Adult Basketball



Region	City	Sport	Division	Team Name
Note1.) Each player and team manger should read the statement on Page 2 before completing and signing this roster	e statement on Page 2 before completing and sign	ing this roster		
Print Player's Name	Players Signature	Street, City, State, Zip	Phone	Texas Driver License
1.				סו דוכומופי וט#
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
*PU=Pickup Player				
TEA MANAGER'S GUARANTEE: Each player and team manger should read the statement on Page 2 before completing and signing this roster	er and team manger should read the statement or	n Page 2 before completing and signing this roster		
Manager's Name (Print or Type)			Signature of Lo	Signature of Local TAAF Representative
Manager's Address (Print or Type)			Date	
City Zip				





Waiver and Release Form

Team Name:	Phone(H):	Phone(C):		
Team Contact's Name:	City:			
Mailing Address:	Male/Female:			
E-Mail Address:				
I, fully understand that participating in the Pharr Recreation Program may result in a serious injury or illness. Risks involved may include, twisting an ankle, pulled muscles, jammed fingers, and more serious injuries which may result from participating in any of the above-mentioned programs. Although I fully appreciate those risks, I desire to participate without regard to consequences. I assume all risks and hazards incidental to such participation, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Pharr, any and all sponsors, or other individuals, firm or organization resulting in whole, or part, from participation in the Pharr Recreation Program, or the acts or omissions by any organization, firm, or individuals that may take place in connection with the Pharr Recreation Program. This waiver shall be binding on my heirs, legatees, administrators and assigns. Furthermore, I hereby grant full permission to any and all of the forgoing to use any photographs, video tapes, motion pictures, recordings, or any other records of this event for any legitimate purpose.				
I also grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should a participant become ill or injured while participating in activities away from home, or at any other moment when either parent is available to grant authorization for emergency treatment.				
X				
Signature		Date		
Phone number in the event of an emerger	ncy			
Phone number of personal physicians				
Should you wish for an accommodation due to a disability and wish to participate in any program, feel free to contact the Parks and Recreation office, at 956-402-4550				



12.



Coach: Contact Number: Team Name: _____ Player Name Signature Date (Please print) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.