



October 3, 2019

Dear Friends,

You are cordially invited to participate in the San Francisco Associates Coach Bapa Invitational Basketball Jamboree. Our event will now be split into two days to accommodate more teams.

Saturday, February 1, 2020

E Boys - 2nd & 3rd Grade
DA Boys - 4th & 5th Grade

Saturday, February 8, 2020

E Jrs. - Co-Ed KG & 1st Grade
E Girls - 2nd & 3rd Grade
G4 Girls - 4th Grade
G3 Girls - 5th & 6th Grade

General invitational basketball jamboree information, team waiver form, and electronic roster forms are enclosed. Please submit the following items by **November 27, 2019**:

- [Completed electronic roster form](#)
- Team waiver form (1 form per team)
- Entry fee (please submit 1 check per team payable to **San Francisco Associates**)

Space is limited so please apply early. Please distribute this invitation to the appropriate teams within your organization as soon as possible.

If you have any questions, please do not hesitate to contact us at sfassociatesjamboree@gmail.com. We look forward to your participation in our jamboree.

Best Regards,

Emmy Hansen
Melissa Chea-Ng
Gina Chang
San Francisco Associates Jamboree Co-Chairs

Enclosed:
Invitational Basketball Jamboree Information
Player-Parent Waiver Agreement
Team Roster Form via Google Form

SAN FRANCISCO ASSOCIATES

COACH BAPA INVITATIONAL BASKETBALL JAMBOREE INFORMATION

DATES: Saturday, February 1, 2020 AND Saturday, February 8, 2020
LOCATION: City College of San Francisco, 50 Phelan Ave, San Francisco, CA 94112
ENTRY FEE: \$325 per team
DEADLINE: November 27, 2019 (Roster, waiver, Entry Fee)
DIVISIONS: G3 Girls (5th and 6th Grade)
DA Boys (4th and 5th Grade)
G4 Girls (4th Grade)
E Boys (2nd and 3rd Grade)
E Girls (2nd and 3rd Grade)
E Jrs Co-Ed (KG & 1st Grade)

1. Team roster and entry fee payable to the SAN FRANCISCO ASSOCIATES must be postmarked by **November 27, 2019**. Please submit one check per team. *An early response is suggested as more invitations than spots available in each division have been emailed.* **Incomplete entries and/or entries submitted after the deadline will be considered invalid.**
2. Team rosters are restricted to players who have participated on that team during league play. To ensure adequate playing time teams should be limited to ten players but are not required to limit. The enclosed roster form must be completed in detail. Teams will be selected by the Jamboree Committee, based on the **original roster** submitted. Please note the restrictions on grade level and age as outlined above.
3. All teams accepted will be guaranteed to play two games. Every player will receive a participation gift.
4. Each player must have a uniform with numbers on the front and back. Numbers must match submitted roster.
5. Each team is responsible for its own insurance coverage and will be required to sign a waiver. Please submit all signatures on one waiver form.
6. Games will be played under current NYBA League Rules and current NFHS rules. Decisions of the Jamboree Committee are final.
7. Confirmation information, game schedules, rules, merchandise order forms and gym locations, maps and parking will be emailed upon acceptance to the jamboree.
8. Please send completed roster, entry fee, and waiver form to:

San Francisco Associates
3880 Coronado Way
San Bruno, CA 94066
Attn: Associates Jamboree

**SAN FRANCISCO ASSOCIATES
COACH BAPA INVITATIONAL BASKETBALL JAMBOREE
PLAYER-PARENT WAIVER AGREEMENT**

ORGANIZATION: _____
TEAM NAME: _____
TEAM REPRESENTATIVE: _____
PHONE: _____

We, the undersigned, release the SAN FRANCISCO ASSOCIATES, its officers, tournament committee members, team coaches, officials, City College of San Francisco, Lick Wilmerding High School, its employees, officers, agents, or volunteers, from all liability for any injury or loss sustained by any player or participant while playing, practicing, traveling, and participating in the SF ASSOCIATES COACH BAPA INVITATIONAL BASKETBALL JAMBOREE.

By signing this PLAYER-PARENT WAIVER AGREEMENT, the signer authorizes the SAN FRANCISCO ASSOCIATES, its agents, members, or officers, to obtain emergency medical treatment and services for their child or ward when the parent or guardian is not present, and agree to pay for all fees and costs of such treatment and services.

| PLAYER'S NAME (Print) | PARENT'S SIGNATURE |
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Team Representative: _____ Date: _____

