



## **IBS COLLEGE SUMMER LEAGUE**

*Thursdays*

June 30 - July 28, 2011

Gold's Gym

1600 Clearlake Avenue

Springfield, Illinois 62703

**Individual Fee: \$35**

**Team Fee: \$300**

**Contact:** Jason Speaks, Director; 217-415-9696 or  
[jspeaks@ibsrecruiting.com](mailto:jspeaks@ibsrecruiting.com)

The IBS College Summer League is a 5 week summer league for women's college basketball prospects and programs. The league will be played on Thursday evenings at Gold's Gym in Springfield, Illinois from June 30-July 28, 2011. **Programs will play 4 or more games.**

**Interested prospects and programs:  
Submit a league application, roster and waiver by June 16, 2011.**

## IBS SUMMER LEAGUE RULES

### *General Rules*

**2011 Game Dates: June 30 and July 7, 14, 21, 28**

Participating teams must have numbered shirts or jerseys. These are not provided by the league at this time.

**Teams that register must have at least 7 players on their roster.**

### *Game Rules*

Games are 40 minutes (2, 20-minute halves), running-clock with a 5 minute half time. Clock will stop only during time-outs and last 2 minutes of the game. **No shot clocks.**

2 Minute Overtime. A coin-flip decides the possession.

Teams are allowed 1 timeout each half and 1 timeout in overtime. Timeouts do not carryover.

All regular college basketball rules apply.

I, \_\_\_\_\_ have read and understand all league rules.  
*Coach Name*

\_\_\_\_\_  
*Signature*

Date: \_\_\_\_\_

**IBS SUMMER LEAGUE TEAM APPLICATION**

**Programs must submit an application, payment, rules signature and waivers by June 16, 2011.**

College: \_\_\_\_\_

Coach Name: \_\_\_\_\_

Coach Cell: \_\_\_\_\_ Coach E-Mail: \_\_\_\_\_

**ATTACH TEAM NUMERICAL ROSTER**

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**IBS SUMMER LEAGUE INDIVIDUAL APPLICATION**

**Programs must submit an application, payment, rules signature and waivers by June 16, 2011.**

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Graduation Class: \_\_\_\_\_ Position: \_\_\_\_\_

School (City/State): \_\_\_\_\_

Coach (Name/Phone): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**IBS SUMMER LEAGUE  
WAIVER/ AUTHORIZATION**

**\*\*Form must be completed/ signed by coach and each prospect in order to participate in the event\***

I, the named applicant, hereby authorize the event directors to procure, obtain and/or provide medical care or treatment, including the selection of a medical doctor, healthcare worker or facility if I cannot physically or verbally consent. I agree that I solely shall be responsible for any and all medical bills incurred as a result of illness, injury or accident while the below named applicant is participating in the **IBS Summer League**. I hereby release the event directors/facility owners for all claims resulting from illness or injury sustained by the applicant while participating in the **IBS Summer League at Gold's Gym**.

I agree and consent to the enforcement of event and site rules. I understand that should I fail to abide by any rule or policy of the event or any law, I will be dismissed from the event and shall not be entitled to any reimbursement or recourse. I also understand that refunds are only provided when the event is cancelled.

Date: \_\_\_\_\_

Applicant Name/ Signature: \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact Name/ Phone(s): \_\_\_\_\_

**Mail the application with your check or money order and waiver/authorization to:**

**ILLINOIS BASKETBALL SERVICES  
P.O. Box 20174  
Springfield, Illinois 62708**