

Introduction

Anthony J. Salmon suffered a broken neck and spinal cord injury on September 26, 2003. The senior defensive back was injured making a routine tackle during Wilson Magnet High School's game versus McQuaid Jesuit High School. He was classified as a quadriplegic during his stay at Golisano Children's Hospital at Strong. Following one month of treatment at this University of Rochester Medical Center facility, Anthony was transferred to the Rehabilitation Institute of Chicago. As his rehabilitation continues, Anthony is making meaningful progress as he is able to move his head from side to side, speak clearly, and sit upright. While these improvements are significant, the journey towards Anthony's goal of walking again will require continued hard work and support.

That is the purpose of this event: to encourage community involvement and gather financial support for Anthony. **The First Annual Anthony J. Salmon 3-on-3 Basketball Tournament** will not only benefit Anthony's continued care, but Rochester as a whole through increased education and awareness.

Narrative adapted from Democrat and Chronicle article



*Photo by Will Yurman
Courtesy of the Democrat and Chronicle*

Tournament Rules and Format

Teams of 3 or 4 players will be divided into six divisions for this 3-on-3 tournament. There are three age groups (12-14 year-old, 15-17 year-old, 18 year-old and over) each with open (teams can be any combination of males and/or females) and female (all team members must be female) categories. Each of these six divisions will compete in pool play leading to a championship bracket. This guarantees each team at least three games. The games will be played on a half-court with each basket counting for 1 point. The early rounds will be played at the various venues with the title games held at the University of Rochester Palestra. All participants will receive a tournament t-shirt and the teams will be competing for fantastic prizes awarded to the champion and runner-up teams in each division. The details of the tournament rules and format will be posted on the tournament website (see address below) so please refer to this for further information. You can also download additional registration forms from the website.

Tournament Registration

The registration fee for each team is \$75. This fee must be included with the registration form as a check or money order made payable to the "Anthony J. Salmon Fund" to ensure your team a spot in the competition. You might consider asking friends, family, and local businesses to sponsor your team and contribute towards the \$75 fee. There will be **no refunds** of the registration fee and **no additions or substitutions** may be made to a team's roster after the registration form has been submitted. The registration deadline is March 19, 2004 with participation limited to the first 200 teams, so register early!

Please detach registration form and return with fee to:

Adrienne Morgan - ATTN: Basketball Tournament
University of Rochester School of Medicine and Dentistry
601 Elmwood Avenue, Box 601
Rochester, NY 14642

For Further Information Contact:
Adrienne Morgan, Director, Student Enrichment Programs
Phone: 585-275-7203 Fax: 585-273-1016
Email: adrienne_morgan@urmc.rochester.edu

Visit the Tournament Website for Details and Updates: <http://www.urmc.rochester.edu/smd/student/salmon/>

----- DETACH FORM HERE -----

The First Annual Anthony J. Salmon 3-on-3 Basketball Tournament • Saturday, April 17, 2004
Team Registration Form

For Office Use Only:
Division: _____
Date Rec'd: _____
Fee Rec'd: _____

Team Name: _____
Division (circle one): _____
Open 12-14 year-old (O14) • Open 15-17 year-old (O17) • Open 18 year-old and over (O18)
Female 12-14 year-old (F14) • Female 15-17 year-old (F17) • Female 18 year-old and over (F18)

NOTE: Open: teams can be comprised of any combination of male and/or female players. **Female:** all team members must be female. The oldest member of the team will determine in which age group the team may participate. A team may choose to play in an older age group.

PLAYER 1 – Captain
Name: _____ Age (as of April 17, 2004): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Email: _____
Signature (acknowledging Waiver/Release and Sportsmanship Pledge*): _____ Date: _____
If under 18 years old, Parent/Guardian must ALSO sign: _____

Name: _____ Signature: _____ Date: _____
T-shirt size (adult sizes only, circle one): Small Medium Large Extra-Large
• The team captain will receive further scheduling information and is responsible for informing his/her teammates about these details.

PLAYER 2 Name: _____ Age (as of April 17, 2004): _____
Phone: (____) _____ Email: _____
Signature (acknowledging Waiver/Release and Sportsmanship Pledge*): _____ Date: _____
If under 18 years old, Parent/Guardian must ALSO sign: _____

Name: _____ Signature: _____ Date: _____
T-shirt size (adult sizes only, circle one): Small Medium Large Extra-Large
PLAYER 3 Name: _____ Age (as of April 17, 2004): _____
Phone: (____) _____ Email: _____

Signature (acknowledging Waiver/Release and Sportsmanship Pledge*): _____ Date: _____
If under 18 years old, Parent/Guardian must ALSO sign: _____

Name: _____ Signature: _____ Date: _____
T-shirt size (adult sizes only, circle one): Small Medium Large Extra-Large
PLAYER 4 (optional) Name: _____ Age (as of April 17, 2004): _____
Phone: (____) _____ Email: _____
Signature (acknowledging Waiver/Release and Sportsmanship Pledge*): _____ Date: _____
If under 18 years old, Parent/Guardian must ALSO sign: _____

Name: _____ Signature: _____ Date: _____
T-shirt size (adult sizes only, circle one): Small Medium Large Extra-Large
* See reverse for Waiver/Release and Sportsmanship Pledge

Please thoroughly read the following statements. All players must acknowledge acceptance of, and adherence to, these conditions by signing this registration form. If a player is under 18 years old, his/her Parent/Guardian must AL-50 sign this form.

Release/Vaiver:

I will be participating in The First Annual Anthony J. Salmon 3-on-3 Basketball Tournament on Saturday, April 17, 2004. I understand that this activity may require physical conditioning and/or skill, and I certify that I am physically capable of participating in this activity. I also understand that there may be risks associated with this activity and agree to follow all applicable instructions, rules, and regulations during the course of my participation. I agree to release the University of Rochester and all other tournament hosts, organizers, and volunteers from responsibility for any injuries I may sustain while engaged in this activity, except to the extent that such injury or liability is due to the negligence of the tournament organizers. Before registering, players are responsible for determining if/how their high school, NCAA, and/or other eligibility may be affected by participating in this tournament. I hereby grant full permission to use any photographs, videotapes, or recordings of my likeness from this event for any purpose without reimbursement of any kind.

Sportsmanship Pledge:

I realize that I am responsible for my personal conduct and the conduct of my teammates throughout the duration of this tournament, both on and off the court. I vow to represent myself and my team in a sportsmanlike manner and to treat teammates, opponents, spectators, and volunteers with respect. I acknowledge that failure to do so could result in penalty as determined by the tournament organizers.

All participants must realize that failure to adhere to these statements and the tournament rules may result in, but is not limited to, forfeiture of game(s) and/or disqualification from the tournament. Please refer to the rules on the tournament website for further clarification.

All players must have valid identification (birth certificate or driver's license) for the duration of the event. The tournament organizers reserve the right to modify the tournament format, venues, and divisions based on the total number of registered teams. There will be **no refunds** of the registration fee and **no additions or substitutions** may be made to a team's roster after the registration form has been submitted.

Registration fee is \$75.00 per team. Make check or money order payable to the "Anthony J. Salmon Fund" and mail it along with completed registration form to Adrienne Morgan at the address listed in the brochure. For more information, please contact Adrienne at 585-275-7203 or adrienne_morgan@urmc.rochester.edu

* REGISTRATION DEADLINE IS MARCH 19, 2004 *

Adrienne Morgan
University of Rochester School of Medicine and Dentistry
601 Elmwood Avenue, Box 601
Rochester, NY 14642



Saturday, April 17, 2004

**Team Information
And
Registration Form**

Organized by:

Medical Students of the
University of Rochester
School of Medicine and Dentistry

•
Students and Friends of Anthony from
Wilson Magnet High School

•
Students from
McQuaid Jesuit High School

Hosted by:

University of Rochester
Wilson Magnet High School

Proceeds to Benefit the:

Anthony J. Salmon Fund