



6th Annual Brian P. Rangel Memorial Little BIG 6 Basketball Tournament

**Open to ALL non-AAU Teams
3rd-8th Grade**

Saturday January 31, 2026

Tournament Team Registration Fee: \$175.00

Registration Deadline: January 18, 2026

Games will be played at:

Alleman High School Casey and Morris
Gyms 1103 40th St, Rock Island, IL 61201

Seton Jr. High School Gym
1320 16th Ave, Moline, IL 61265

Sacred Heart Catholic Church - Cullman's Hall
Gym 1307 17th Ave, Moline, IL 61265

PepsiCo Center
3026 10th Ave, Rock Island, IL 61201



If you have any questions regarding the tournament please email futurepioneerbb@gmail.com.

We will have two options for payment this year. If you choose to pay via check, mail registration form, waivers, along with check (payable to Future Pioneers Boys Basketball) to:

**Future Pioneers
c/o Scott Morel
2431 26th St, Rock Island, IL 61201**

We also will accept payment via Venmo. If you choose to pay via Venmo (@FuturePioneersBoysBasketball) Simply scan your registration & waiver forms and email them to: futurepioneerbb@gmail.com We will confirm your entry upon payment receipt.

BRIAN P. RANGEL LITTLE BIG 6 MEMORIAL TOURNAMENT

REGISTRATION FORM

TEAM NAME: _____

DIVISION: 3rd____ 4th____ 5th____ 6th____ 7th____ 8th____

COACH: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

EMAIL: _____

ROSTER(PLEASE PROVIDE NAME & NUMBER)

- | | |
|----|-----|
| 1. | 8. |
| 2. | 9. |
| 3. | 10. |
| 4. | 11. |
| 5. | 12. |
| 6. | 13. |
| 7. | 14. |



CATHOLIC DIOCESE OF PEORIA, IL

YOUTH PARTICIPANTS AND/OR VOLUNTEERS PERMISSION FORM

GENERAL PERMISSION FORM: I request that my child, _____, be allowed to participate/volunteer for the (event) Brian P. Rangel Memorial Little Big 6 Basketball located at Alleman High School, Seton Catholic School, and Augustana PepsiCo Center which takes place January 31, 2026.

I hereby release and agree to indemnify and hold harmless Alleman High School/Seton Catholic School/Future Pioneers Boys Basketball, Inc. its staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria, IL from any and all liability, for injuries, damages, medical expenses, or any other loss to my children or family, including attorney fees, arising from claims of any nature whatsoever from my child's participation/volunteer in this event.

VIDEOTAPING, STILL PHOTOGRAPHS AND AUDIO RECORDINGS: Video, still photographs and audio recordings may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape, still photographs and/or audio recordings, which may be used for future promotional efforts, including the Future Pioneers website and social media accounts.

CODE OF BEHAVIOR: As a volunteer/participant, he is representing his school/organization during this event, and we expect that he/she will display mature and responsible behavior.

SOME EXPECTATIONS:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on Clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Youth Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



CATHOLIC DIOCESE OF PEORIA, IL

YOUTH PARTICIPANTS AND/OR VOLUNTEERS MEDICAL PERMISSION FORM

2023-24

MEDICAL PERMISSION FORM:

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the _____ BPR Memorial LB6 Basketball Tournament event, and those transporting my child to and from the event as their judgment deems advisable, to sign the necessary release as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant/volunteer. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery if deemed necessary for my child.

PARTICIPANT/VOLUNTEER NAME: _____ DATE OF BIRTH _____

Allergic to Medication/other? NO ☐ YES ☐ If YES, please describe: _____

Medication(s) presently taking: _____

Date of last tetanus shot: _____

INSURANCE INFORMATION:

Policy in the name of: _____ Insurance Company _____

Policy Number: _____ I.D. / SSN: _____

Authorized Physician: _____ Phone with area code: _____

Authorized Hospital: _____ Location: _____

Parent/Guardian Signature: _____ Date: _____

Parent /Guardian Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ ☐ Cell ☐ Home

Work Phone: _____ Alternative Phone: _____

In case of emergency contact: _____ Relationship: _____

Phone(s): _____