



SOUTHERN MISS

7 ON 7 RULES AND REGULATIONS

ALL PLAYERS MUST WEAR HELMETS

ALL PARTICIPANTS MUST HAVE COMPLETED CAMP WAIVER FORM W/COPY OF PHYSICAL

7 on 7 Team Camp

- Players: Minimum of 12 players per team.
- Tournament Fees: Each team \$400 per team + \$50 (20 Large 1 Topping Pizzas – Optional)
 - Please contact us prior to Wednesday, May 30th to place your order
- Includes T-shirt for each player, 1 Case of water
- At least 5 guaranteed games (**4 IN POOL PLAY**) Single elimination playoff bracket

POTENTIAL TIMELINE

8:30 am – Head Coach Registration

9:30 am – Players stretch

9:30 am - Coaches Meeting / Individual Position work with players

GAME 1	10:15 AM
GAME 2	10:50 AM
GAME 3	11:25 AM
GAME 4	12:00 PM
GAME 5	12:35 PM
GAME 6	1:10 PM
PLAYOFF GAME 1	2:00 PM
PLAYOFF GAME 2	2:35 PM
Quarter-Finals	3:10 PM
Semi-Finals	3:45 PM
Championship	4:30 PM

STARTING THE GAME

- Each tournament site will have a designated central timekeeper (Field 1-2 Coach) (Field 3-6). All games will begin and end on this person's instructions. They will also announce the time remaining at the 8, 5, and 2-minute marks.
- A coin flip will determine who receives this ball first. Team sidelines must be on opposite sides of the field.
- Players are permitted to wear standard football cleats with plastic or rubber spikes. **NO METAL SPIKES ARE ALLOWED!**
- The ball always starts on the right hash mark at the 40-yard line.
- Each team will use its own ball during offensive possessions

TIME

- 20-minute games
- The clock will stop at a 2-minute warning for 1 minute. The ball will then be blown in for play and the game Clock will start at the snap of the ball. (EXCEPTION: Injuries. Time will stop for extreme injuries for all stadium or practice fields until the player(s) can be removed as soon as safety dictates).
- 15 minutes between games.

7-on-7 tournaments require that all games start/end at the same time. If a team(s) is (are) late and cannot start when the tournament officially starts, they will begin to play with whatever time is left on the tournament clock. A forfeit will occur after 10 minutes. **IT IS IMPERATIVE TO KEEP TO THE TOURNAMENT TIME SCHEDULE.** Teams must be on site and ready to play when scheduled). Injury timeouts may reduce the amount of time between games to maintain the game schedules.



MOVING THE BALL

- The offense will have 4 downs to reach the 20 yds. mark or the Endzone.
- The field is marked at 20-yard intervals with cones. (3 first downs without a penalty would result in a TD).
 - Possession always begins at the 40-yard line at the right hash. No penalty will be assessed in excess of the 40-yard line. If a penalty would move the offense beyond the 40-yard line, the offensive team shall be charged with a loss of down.
 - Offenses always move in the same direction
 - The Player that receives the snap from the center is considered the QB on that play. The QB CAN NOT RUN THE BALL. ALL PASSES MUST BE FORWARD. A pass caught behind the line must be forward. The only laterals that will be allowed will be laterals that occur AFTER the completion of a forward pass.
 - Each team will have 20 seconds to snap the ball once it has been marked ready for play; delay of game penalty will be a 5-yard penalty.
 - The QB is allowed 4.0 seconds to throw the ball. The Official timekeeper starts a stopwatch on the snap of the ball from center and stops the watch as soon as the QB releases the ball.
 - If the release is under 4.0 seconds, the play goes on.
 - If the timekeeper sees that the clock has exceeded 4.0 seconds the play is blown dead, then brings the ball back to the original line of scrimmage with loss of down. (The timekeeper will be an official representing Southern Miss)
 - Receiver/Ball carrier is legally down when touched below the neck with one or both hands.
 - Fumbles are dead balls at the spot with the last team retaining possession. A muffed snap is not a fumble/dead ball. The 4.0-second count remains in effect on snaps.
 - Interceptions by the defense will not be returned and immediately blown dead with a change of possession.

SCORING

6 points for TD,

1 point for PAT from 5-yard line,

2 points PAT from 10-yard line (interception on PAT is a dead ball).

2 points for an interception

PENALTIES

- Excessive force by shoving, pushing, or striking a blow will be penalized by automatic first down and 5 yards. The player will be expelled if ruled unsportsmanlike & flagrant
- Defensive Pass Interference will be 10 yards from LOS and replay of down unless the result is a first.
- Pass interference inside the 15 will be automatic 1st down at the 5-yard line
- Offensive pass interference is 15 yards from LOS & replay of down

- The offensive team is responsible for retrieving and returning the ball to the previous spot or the new scrimmage spot. The clock does not stop and any delay by the offense in retrieving and returning the ball TO THE REFEREE will result in a delay of game and will be a Loss of down
- The offensive center is not an eligible receiver (teams must have a center) The center does not have to snap the ball in between the legs
- The center will be responsible for setting or re-positioning the Referee's line of scrimmage. (Cone marking)
- No taunting or "trash talking." (5-yard penalty & expulsion if flagrant or repeated).
- Fighting: the player(s) involved will be ejected from the game and tournament. If a team fight occurs, the teams involved will be ejected from the tournament and denied a refund.
- Any dead ball foul on a play that results in the change of possession and is unable to be penalized back to the 40 yard-line will result in a loss of down penalty. The team that just received possession would be starting play with 2nd down.

OVERTIME RULES

After coin flip to determine first possession, teams will alternate 4 down series from the 20-yard line. A winner is determined when one team scores in its possession and the other does not. If a second overtime period is necessary, each team must then go for two points on the conversion attempts.

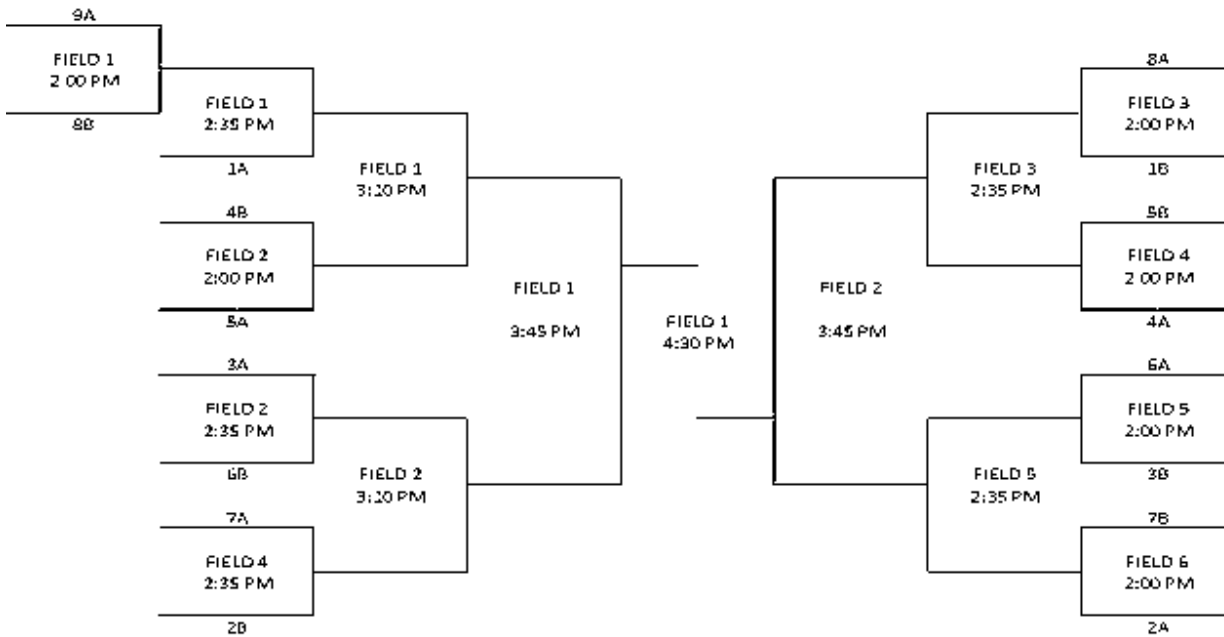
• OFFICIALS

- 3 officials per field – (1) Clock/field spotter and (2) SL judge
- 1 Supervisor – Assistant USM Coach

• POOL PLAY TIEBREAKER RULES

Head to Head
Point Differential
Coin Flip

After pool play has completed we will provide a playoff bracket to each team & Begin the 1st games at 2:00 PM



- PARKING**

Please drop the team off at the practice fields and park the buses at the Hillcrest parking lot shown on the map. There is a pathway to follow to return to the Jim & Thomas Duff Athletic center.



- **ARRIVAL**

Upon arriving send the team to the practice fields to begin stretching for position drills starting at 9:30 am. Coaches meeting will begin at 9:30 am as well to go over rules and regulations.

***Please do not bring the team inside to the Duff Athletic Center for check-in purposes**

- **INCLEMENT WEATHER POLICY**

If there is inclement weather on the day of the tournament, Southern Miss will evaluate the conditions to determine if the Tournament will be held as scheduled. Southern Miss will reserve the right to reschedule or cancel the tournament if the inclement weather makes it unsafe or unplayable for players and spectators. In general, a tournament will be played if there is light to moderate rain, with no thunder or lightning. If there is inclement weather on the day of the tournament, call 901-483-8059 for updates. If a tournament is canceled or rescheduled, Southern Miss will apply all fees paid by a team towards entry into a future Southern Miss football camps.

***RULES ARE SUBJECT TO CHANGE AND WILL BE INFORMED AT THE HEAD COACHES MEETING THE MORNING OF.**

Awards

Runner-Up - Trophy

Championship Trophy

Championship Southern Miss 7v7 Wall Banner

***Please Make Checks out to:**

Southern Miss Football Camps

Attn: Wes Turner

Southern Miss Football

118 College Dr. #5152

Hattiesburg, MS. 39406

WES TURNER

Dir. of Player Personnel/HS Relations/ Football Operations

Cell: 901.483.8059 | Fax: 601.266.5998

E-mail: wes.turner@usm.edu Twitter: @westurnerCB18



Southern Miss Football 2018 Registration Form

First Name _____ Height _____ Weight _____
Middle Name _____ Position _____
Last Name _____ Birthdate _____ Age (as of camp date) _____
Grade (Fall 2018) _____
Address _____ T-Shirt size _____
State _____ School _____
Zip Code _____ School Location _____
Email _____ Head Football Coach _____

WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT / CONSENT TO MEDICAL TREATMENT.....

EACH PARTICIPANT MUST PROVIDE THIS COMPLETED FORM PRIOR TO PARTICIPATION IN ANY CAMP ACTIVITY. PHOTOCOPIES ARE ACPTABLE

In consideration of my child being allowed to participate in this clinic. I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE The University of Southern Mississippi or the State College Board of the State of Mississippi, and their officers, servants, agents, or employees (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out or related to any loss, damage or injury, including death that may be sustained by me/my child, or to any property belonging to my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise while participating in this clinic or while in, on or upon the premises where the clinic is being conducted.

To the best of my knowledge, my child is in good physical condition, and I am not aware of any physical infirmity, which would place my child at risk to participate in any way with the clinic's activities. I am fully aware of the risks and hazards associated with this clinic. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY, DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained to my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the clinics activities WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE or otherwise. I further hereby AGREE TO IDEMNIFY AND HOLD HARMLESS THE RELEASEE from any loss, liability, damage or cost, including court cost and attorney's fees, that may accrue related to my child's participation in this clinic, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE or otherwise.

During the period of the clinic. I hereby give permission for the staff of The University of Southern Mississippi Department of Intercollegiate Athletics, or the staff of the clinic, to administer appropriate medical attention to my child in the event of an accident, illness or injury. I will be responsible for any and all cost of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEE. I hereby further agree that this Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Mississippi. In signing this release, I acknowledge and represent that I have read, understand and signet voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration, fully intending to be bound by the same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT/GAURDIAN PRINTED NAME _____ PARENT/GAURDIAN SIGNATURE _____
EMERGANCY PHONE NUMBER _____ DATE _____

INSURANCE INFORMATION

COMPANY NAME _____ POLICY NUMBER _____ POLICY HOLDER _____
GROUP NAME _____ PHONE NUMBER _____

PHYCISIAN'S STATEMENT: I hereby certify that _____ has no restrictions that would prevent him/her from active and full participation in any and all activities related to the clinic

PHYSICIAN'S SIGNATURE _____ DATE _____
Copy of recent (within one year) school physical is acceptable in lieu of physician signature

Known Allergies _____ Tetanus Booster Date: _____

Does participant have any limiting medical conditions that you or your doctor feel would limit camp participant? YES NO
If yes, identify and explain: _____

Is participant currently taking medication that may interfere with ability to safely participate in program? YES NO
If yes, please indicate the medication and the condition being treated: _____

Does the participant have a history of, or currently suffer from, medical condition(s) of which we need to be aware? YES NO
If yes, please explain: _____

Medications camper will bring to camp: _____
If participant is bringing prescription drugs to camp, additional paperwork must be completed at camp location.