

SPORTS for Exceptional Athletes

Floor Hockey Tournament Team Registration Packet Spring Season 2017 Mail Team Registration Form to: SPORTS for Exceptional Athletes 9575 Aero Drive Suite B San Diego, CA 92123

Phone: 858-565-S4EA (7432) E-mail: sds4ea@gmail.com Website: www.s4ea.org Fax: 858-565-7431

Sport: Floor Hockey Tournament

Date: Sunday, May 21, 2017

Time: 9:00am - 5:30pm

Where: Francis Parker School

6501 Linda Vista Rd, San Diego 92111

Fee: \$10.00 for each athlete-covers insurance, lunch & awards

Rules: SPORTS for Exceptional Athletes Floor Hockey Rules



The Team Registration Form and Team Registration Fee are due by May 10, 2017. Even if your team does not have all the signatures, send in by the due date a copy of the Team Registration Form with printed names, team ability, manager's name and address information, then bring to the tournament the Team Registration Form with signatures. Map and final information will be mailed upon receipt of the Team Registration Form and Team Registration Fee.

Tentative Schedule of Events

Sunday, May 21, 2017

8:30am - 9:30am Team Registration at Francis Parker School 9:30am - 10:00am Opening Ceremonies/Coaches Meeting

10:00am - 5:00pm Tournament Play

11:00am - 1:00pm Lunch 5:00pm - 5:30pm Awards

5:30pm Teams Depart

SPORTS for Exceptional Athletes (S4EA) is a sports program serving athletes with and without developmental disabilities ages 5 through adult in San Diego County.

The purpose of SPORTS for Exceptional Athletes is to create enhanced opportunities for people with and without disabilities to interact and form lasting bonds of friendship through shared sports and recreational activities in their community.

For more information, call SPORTS for Exceptional Athletes at 858-565-S4EA (7432).





for Exceptional Athletes

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FLOOR HOCKEY TOURNAMENT TEAM REGISTRATION FORM

Enclosed is \$Tear	m Registration Fee of \$10 pe	er athlete on Sunday, Ma	y 21 at Francis Parker School.
Team Name	Ability	Colors	Email
Manager's Name	HPhone	WPhone	Cell
Address		City	St Zip
Please Carefully Read Release Print or Type Name		Place A * By Inclusive Are of Athlete/Parent if U	Athletes Without Disabilities. Inder 18 Date of Birth Phone
1.			
2.			/ /
3.			/ /
4.			
5.			
6.			
7.			
8.			
9.			
10.			
4.4			
12.			
13.			
1.1			
15			
Coaches Names			

RELEASE FORM

I hereby represent and warrant that, to the best of my knowledge and belief, the above named athlete is physically and mentally able to participate in the SPORTS for Exceptional Athletes program involving sports training and competition. I hereby give permission for the above named athlete to participate in the SPORTS for Exceptional Athletes program and adhere to the S4EA Code of Conduct.

In consideration for the SPORTS for Exceptional Athletes program providing the opportunity for above named athlete to participate in the SPORTS for Exceptional Athletes program, I hereby release SPORTS for Exceptional Athletes and its officers, directors, volunteers, agents, contractors, supporters, or any other person associated with SPORTS for Exceptional Athletes, from any and all claims, damage, or injury that the above named athlete may suffer as a result of participation in the SPORTS for Exceptional Athletes program. In addition, I hereby agree to indemnify, defend and hold SPORTS for Exceptional Athletes harmless from any and all claims for loss, damage (including attorneys' fees and costs, including, but not limited to experts and consultants' fees), liability, death, or injury to the person or property arising from or related to the above named athlete's participation in the SPORTS for Exceptional Athletes program.

I assume all risks and hazards involved in, or incidental to, the participation of above named athlete in the SPORTS for Exceptional Athletes program and hereby consent to above named athlete to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician in the event of any injury during any SPORTS for Exceptional Athletes program.

I agree to provide all pertinent medical information to SPORTS for Exceptional Athletes and to assist SPORTS for Exceptional Athletes so that adequate precautions can be made and so that appropriate care can be provided to above named athlete during SPORTS for Exceptional Athletes program. I agree to have all of above named athlete's necessary medication on hand with proper instructions during any SPORTS for Exceptional Athletes program.

I hereby grant SPORTS for Exceptional Athletes, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing the above named athlete's name, voice, likeness or any other identifiable representation of above named athlete or family members. These materials may appear in any form, style, color or medium whatsoever (including photographs, videotapes, films, sound recording, software, drawing, prints, broadcast, internet and electronic media). I agree that all material containing any identifiable representation of above named athlete shall be and remain the sole and exclusive property of SPORTS for Exceptional Athletes. I hereby release and forever discharge SPORTS for Exceptional Athletes from any and all liability and damages relating to the use of above named athlete's name, voice and any other identifiable representation of above named athlete. I have agreed to the above in consideration of the opportunity given to above named athlete by SPORTS for Exceptional Athletes to appear in these materials. I acknowledge that I have fully read and understand this document.