

SPORTS for Exceptional Athletes

Bocce & Flag Football Tourn.
Team Registration Packet
Summer Season 2019

Mail Team Registration Form to: SPORTS for Exceptional Athletes 9575 Aero Drive Suite B San Diego, CA 92123

Phone: 858-565-S4EA (7432)

Fax: 858-565-7431

E-mail: <u>sds4ea@gmail.com</u> Website: www.s4ea.org

Sport: **Bocce & Flag Football Tournament**

Date: Saturday, October 5, 2019

Time: 8:30am - 4:00pm

Where: La Jolla Country Day School

9490 Genesee Avenue, La Jolla 92037

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

Rules: SPORTS for Exceptional Athletes Bocce & Flag Football Rules



The Team Registration Form and Team Registration Fee are due by <u>September 26, 2019</u>. 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. Rules are on the S4EA website <u>www.s4ea.org</u>.

Tentative Schedule of Events

Saturday, October 5, 2019

8:30am - 9:00am Team Registration at La Jolla Country Day School

9:00am - 9:30am Opening Ceremonies/Coaches Meeting

9:30am - 4:00pm Tournament Play

11:00am - 1:00pm Lunch 3:30pm - 4:30pm Awards

4:30pm 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 Excentional Athletes

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BOCCE AND FLAG FOOTBALL TOURNAMENT TEAM REGISTRATION FORM

| Enclosed is \$ | _Team Registration Fee of \$10 per a | athlete on Saturday, Octobe | er 5 at La Jolla Country Day S | 3chool |
|-------------------------|--------------------------------------|--|--|--------|
| Team Name | Sport/Colors | s Ability | Email | |
| Manager's Name | HPhone | WPhone | Cell | |
| Address | | City | St Zip | |
| Please Read Carefully F | Release Below Before Signing. Pla | ace A * By Inclusive Athle of Athlete/Parent if Under | tes Without Disabilities. 18 Sport-BC/FB Team # | |
| 10 11 | | | | |
| 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.