



## 12<sup>th</sup> Annual Bob Chase Frostbite Championship February 22<sup>nd</sup> & 23<sup>rd</sup>, 2020 Fort Wayne, Indiana

Turnstone is proud to host the Heartland Sled Hockey League in our 12<sup>th</sup> Annual Bob Chase Frostbite Classic Tournament. The event will be held at the Parkview/SportOne Icehouse. This is a 3 sheet state of the art facility with a full service restaurant and bar, full service pro-shop, party rooms and is fully accessible. The Icehouse is located at 3869 Ice Way, Fort Wayne, IN 46808. It is located close to numerous hotels, restaurants, shopping and entertainment.

**Deadline:** Please complete and submit Team Registration Form, Team Roster, Turnstone Player Waiver and Consent of Photo Release with a JPEG color Team Logo (if you have one) by **January 25<sup>th</sup>, 2020.**

The event will start Saturday mid-afternoon and conclude by mid-afternoon Sunday.

Please submit all completed forms to Jaime Garzon, Turnstone Sports Competition/ Events Coordinator at (260) 969-7677 or [jaime@turnstone.org](mailto:jaime@turnstone.org)

**Hotel information- Quotes are subject to hotel availability.**

Hotel	Link	Address	Phone/Group Name	Rate	Deadline
Hampton Inn	<a href="#">HERE</a>	8219 West Jefferson Blvd., Fort Wayne, IN, 46804	260-459-1999 <b>Sled Hockey</b>	\$104	1/31/20
Hilton Downtown	<a href="#">HERE</a>	1020 South Calhoun Street   Fort Wayne IN 46802	260-422-4002/ <b>TU6</b>	\$109	1/31/20
Best Western Plus	<a href="#">HERE</a>	5926 Cross Creek Boulevard Fort Wayne, IN 46818	260-490-6060/ <b>Sled Hockey- Turnstone</b>	\$94	2/7/20
Hampton Inn Suites	<a href="#">HERE</a>	5702 Challenger Parkway, Fort Wayne, IN, 46818	260-489-0908 / <b>Sled Hockey</b>	\$104	2/7/20

If you have any questions please contact Jaime Garzon at [Jaime@turnstone.org](mailto:Jaime@turnstone.org) or 260-969-7677.



## Team Registration Form 12<sup>th</sup> Annual Bob Chase Frostbite Championship

This form must be submitted electronically, and needs to be typed, not hand-written

TEAM NAME: \_\_\_\_\_

TEAM CONTACT PERSON: \_\_\_\_\_

HEAD COACH: \_\_\_\_\_ ASST. COACH: \_\_\_\_\_

TEAM MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

PHONE (WK): \_\_\_\_\_ - \_\_\_\_\_ (Cell): \_\_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PARALYMPIC SPORT CLUB AFFILIATION: \_\_\_\_\_

Team application form and team roster form are required prior in order to participate in this tournament. Incomplete registration forms may cause a delay and or the possibility of not being to compete in this tournament. Mail, fax or e-mail to Jaime Garzon at Turnstone, [jaime@turnstone.org](mailto:jaime@turnstone.org) .



## Team Roster

### 12th Annual Bob Chase Frostbite Championship

### February 22<sup>nd</sup> & 23<sup>rd</sup>, 2020

**This form must be submitted electronically, and needs to be typed, not hand-written  
List athletes chronologically by uniform number – lowest to highest**

Team Name: \_\_\_\_\_

	Last Name	First Name	Jersey #	USA Hockey #	Disability (Yes) (NO)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
				Phone Number	Email
	Head Coach				
	Assistant Coach				
	Assistant Coach				
	Team Coordinator				



## WAIVER, RELEASE OF LIABILITY, AND CONSENT TO MEDICAL ATTENTION

In exchange for my being allowed to participate in the Turnstone Center for Children and Adults with Disabilities, Inc. Sports and Recreation Program ("program"), I, and if I am not yet 18 years old, my parent or legal guardian, agree to be bound by each of the following:

1. **Identification of Risks.** I understand that participation in the program may involve risk of injury, disability, or death.
2. **Assumption of Risks.** I assume all risks connected with my participation in the program. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the program.
3. **Waiver and Release.** I release and discharge Turnstone Center for Children and Adults with Disabilities, Inc. and each of their affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns from all claims for any liability, injury, loss, or damage in any way connected with my participation in the program. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue any legal action or claim for such liability, injury, loss or damage. I further understand that I am responsible for obtaining medical insurance as well as assuming responsibility for any medical expenses resulting from participation in the program.
4. **See reverse for Photo Release**

**I HAVE READ THIS WAIVER, RELEASE, AND CONSENT AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS CONTAINED HEREIN. I AM SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.**

Team \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

**IF THE PERSON PARTICIPATING IN THE PROGRAM IS NOT YET 18 YEARS:**

As a parent or legal guardian of the above named child, I verify that I fully agree to, understand, and accept all provisions of this Waiver, Release, and Consent.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name \_\_\_\_\_



**CONSENT FOR RELEASE OF  
PHOTOGRAPH, VIDEO & AUDIO RECORDING ONLY**

**PHOTO RELEASE / CONSENT ONLY**

I, the undersigned, hereby consent and give permission to Turnstone Center for Children and Adults with Disabilities, Inc. ("Turnstone"), to take still photographs, video / film recording and audio-recording of \_\_\_\_\_ (Client Name) / \_\_\_\_\_ (Date).

In addition, I hereby consent and give permission to Turnstone to use and/or disclose such still photographs, video/film recordings and audio recordings for publication in newspapers, trade journals and other publications as well as broadcast via radio or television. This release is good for one year from the date signed.

I understand that:

- This consent permits Turnstone to use and disclose still photographs, video/film recordings and audio recordings of me for publication in newspapers, brochures, social media, website and other media; outside of my first name, no additional information will be shared in conjunction with my image or recording.
- I may refuse to sign this authorization and that it is strictly voluntary.
- My treatment, payment, provision of service may not be conditioned on signing this authorization
- I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation. (Further details are in Notice of Privacy Practices)
- I will be provided a copy of this signed form upon request.
- Turnstone will not compensate me financially or with in-kind compensation in exchange for using or disclosing my image.

\_\_\_\_\_ Yes, but please do not include pictures on \_\_\_\_\_ (social media, website, etc.)

\_\_\_\_\_ No, pictures cannot be taken.

**I have read the above and authorize the use and disclosure of my image as stated.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Copy to Marketing/Communications Specialist**