



Turnstone Summit Classic November 23rd -24th, 2019

Turnstone would like to invite you to our Tournament on November 23rd -24th, 2019. The event is open to all United States Power Soccer Association (USPSA) teams.

Location: Turnstone Plassman Athletic Center, 3320 North Clinton St, Fort Wayne 46805.

Competition format: All teams are guaranteed four games. Games between divisions are a possibility according to the number of teams registered.

Registration fee: The registration fee for all teams is \$230. The fee is not refundable after November 8th.

Additional: We'll have an athletic trainer on site. Overnight chair storage is available in the GYM. Accessible lockers room, showers and family bathrooms are available.

Code of Conduct: Competition is conducted in a non-discriminatory manner that encourages enthusiastic support within the confines of good sportsmanship and fosters a positive attitude among spectators, athletes, coaches and officials.

Please complete the Team Roster and Waivers for each participant and coach along with a JPEG color Team Logo (if you have one) and e-mail to jaime@turnstone.org

Please mail check (Payable to Turnstone) and paperwork to Jaime Garzon at Jaime@turnstone.org

Turnstone, 3320 North Clinton St. Fort Wayne, IN 46805

Attention: Jaime Garzon

Hotel	Link	Address	Phone/Group Name	Rate	Deadline
Hampton Inn	HERE	8219 West Jefferson Blvd., Fort Wayne, IN, 46804	260-459-1999 Power Soccer Tournament	\$99	10/25/19
Hilton Downtown	HERE	1020 South Calhoun Street Fort Wayne IN 46802	260-422-4002/ TU2	\$109	11/1/19
Best Western Plus	HERE	5926 Cross Creek Boulevard Fort Wayne, IN 46818	260-490-6060/ Power Soccer Turnstone	\$94	11/8/19
Hampton Inn Suites	HERE	5702 Challenger Parkway, Fort Wayne, IN, 46818	260-489-0908 / Power Soccer Turnstone	\$104	11/8/19

If you have any questions please contact Jaime Garzon at Jaime@turnstone.org or 260-969-7677



Team Roster

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: _____ TEAM COLORS: _____

TEAM CONTACT PERSON: _____

HEAD COACH: _____ ASST. COACH: _____

TEAM MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP Code: _____

PHONE (WK): _____ - _____ (Cell): _____ - _____ Division _____

E-MAIL: _____

Athlete's Name	Jersey #
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
Coach:	
Assistant:	



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