



Turnstone Fright in the Fort 2022
Saturday, October 29th – Varsity Division
Sunday, October 30th – Prep Division

Turnstone is proud to host the 2022 Prep and Varsity Fright in the Fort. We'll offer practice time for each team from 8:00am-11:30am. Each team will have a designated court for practice. Games will be held in the afternoon. All teams will have a minimum of two games.

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

Competition format: **Only 4 teams are allowed for each division.** Round Robin for the afternoon games. Teams are registered once they receive confirmation from Turnstone.

Registration fee: The early registration fee is \$200. **After October 2nd**, the registration fee will be \$250. Registrations will be closed on October 23rd. The fee is not refundable after October 23rd. Refunds will be available if we cancel the event.

***Additional:** **Please see below.**

Awards: We will have awards for 1st and 2nd place.

Rules: The 2022 Prep and Varsity Fright in the Fort will be played according to the rules of the NCAA (Men's) and the NWBA guidelines. These rules can be found by visiting the following link: www.NWBA.org

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.

NWBA Sanctioned Tournament: This tournament is sanctioned under the 2020-2021 NWBA Tournament Sanctioning guidelines. **All teams are welcome.**

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

Please mail check (Payable to Turnstone) and paperwork to **Turnstone, 3320 North Clinton St. Fort Wayne, IN 46805 Attention: Isaac Boatman**



*Additional: The following information is in regards to Covid-19 protocols. The safety of everyone attending will be our priority.

- Turnstone leadership is closely monitoring all developments and we are working with the Indiana State Board of Health, Allen County Department of Health and Indiana's Governor as it relates to how we continue to provide programs and services to clients, as well as how we manage the gatherings, events, and tournaments currently on our organization's calendar. Please click [HERE](#) for more information.
- An athletic trainer will be on site. The athletic trainer has been trained on Covid-19 procedures and has the authority to deny entrance or send people home.
- Everyone will have their temperature checked and will have to fill out screening questions regarding Covid-19 symptoms the day of the event. Any person with symptoms is referred to his or her medical care provider and not allowed to enter.
- Anyone with a fever of 100.4 or greater will not be allowed to enter the building.
- If signs or symptoms develop after return home, please notify Michelle Kimpel, Director of Wellness and Adaptive Sports, at michelle@turnstone.org or 260-483-2100 ext. 283.
- Masks that cover the mouth and nose are mandatory inside the building for everyone. Only players can take the mask off during warm up and playing time.
- Social distancing of at least six feet while in the building is highly encouraged at all times.
- Only two people per athlete will be allowed to enter the building. No siblings under 14 or spectators. Once the team is registered we'll send a link so parents can register for the day. This is necessary in case that tracing can be done if needed. Entrance is free for the companion.
- Courts will be cleaned between games.
- Each team is responsible for practice balls, equipment and chairs. Only game balls will be provided and cleaned during games.
- Entrance and Exit will be clearly identified and marked for traffic flow.
- Overnight chair storage is available in the GYM. Each team will have a specific location.
- Accessible lockers room, and showers are **not** available. Bathrooms are available and will be sanitized throughout the day.
- Each team will be responsible for bringing their own food and water (including water during games). Water bottle filling stations are available in the building (water fountains are off).
- The games will be livestream on a TBD online platform.
- Sanitation stations will be provided at different locations in the fieldhouse, including courts.
- Sportsmanship handshakes or fist bumps will be replaced by a TBD procedure.
- Officials will be wearing a face shield.

Thank you for your understanding and compliance.

If you have any questions please contact Isaac Boatman at isaac@turnstone.org or 260-483-2100 x241



Team Roster

2022 Fright in the Fort

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): _____ - _____ Varsity _____

E-MAIL: _____ Prep _____

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



Tournaments Code of Conduct during COVID-19 pandemic

According to the CDC, COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults and people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19. Those at high-risk for severe illness from COVID-19 include:

- Ages 65+ years
- With diabetes
- With liver disease
- Severe obesity (BMI of 40+)
- People who are immunocompromised
- Live in a nursing home/long-term care facility
- With chronic lung disease, moderate to severe asthma
- Have serious heart conditions
- With chronic kidney disease undergoing dialysis

Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

Turnstone staff encourage participants to **assess your risks and consult your physician with any questions or concerns** about returning to your normal activities including practices and/or tournaments at Turnstone.

As a participant of Turnstone Tournaments, by attending and exercising the court or track, I am agreeing that:

- 1) I have not knowingly been in close/direct contact (within 6 ft for a prolonged period of time) to anyone with Covid-19.
- 2) I have **not had a fever** (100.4°F or higher) in the last 3 days (72 hours) without the use of fever-reducing medications.
- 3) If I have a positive diagnosis of Covid-19, I will report as soon as possible to Michelle Kimpel, Director of Wellness and Adaptive Sports, at 483-2100 Ext. 283 or michelle@turnstone.org
- 4) I have not experienced the **following symptoms within the past 14 days**: shortness of breath / difficulty breathing, fatigue, headache, new loss of taste/smell, congestion/runny nose, sore throat, nausea/vomiting, diarrhea, dry coughing, or sneezing (not associated with allergies).
- 5) If I have **travelled** outside of the United States in the last 4 weeks, I will report the location and duration to Sports and Recreation staff.
- 6) I have a **personal face covering/mask** to cover mouth and nose and will bring it with me while at Turnstone.
- 7) I am encouraged to practice **good handwashing techniques** (for at least 20 seconds especially after being in a public place, or after blowing my nose, coughing, or sneezing) by using available sinks and soap throughout the building.
- 8) I understand that **hand sanitizer** is available throughout the building, and I am encouraged to use it if soap and water are not readily available.
- 9) I will maintain **at least six (6) feet (about two arm lengths)** between myself and any other person who is not part of my immediate household when not in competition or with my team.
- 10) I am aware of and will follow all guidance from Turnstone staff regarding use of the facility and available equipment.
- 11) I am aware that I must leave by a certain time to allow Turnstone staff the time to properly follow enhanced cleaning and disinfecting procedures.

Please circle your role below and sign.

Athlete /Companion/ Staff Name: _____ Date: _____



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