



# 15<sup>th</sup> Annual Bob Chase Frostbite Championship

## February 18<sup>th</sup> & 19<sup>th</sup>, 2023

### Fort Wayne, Indiana

Turnstone is proud to host the Heartland Sled Hockey League in our 15<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 **February 10<sup>th</sup>, 2023.**

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

Please submit all completed forms to Isaac Boatman, Turnstone Sport Engagement and Competitions Coordinator at (260) 483-2100 ext 241 or [isaac@turnstone.org](mailto:isaac@turnstone.org)

If you have any questions please contact Isaac Boatman at [isaac@turnstone.org](mailto:isaac@turnstone.org) or 260-483-2100 ext 241.



## Team Registration Form 15<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 Isaac Boatman at Turnstone, [isaac@turnstone.org](mailto:isaac@turnstone.org) .



**Team Roster**  
**15th Annual Bob Chase Frostbite Championship**  
**February 18<sup>th</sup>-19<sup>th</sup>, 2021**

**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				



### **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](mailto: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**