



## 2023 Junior Division Regional Qualifier January 21<sup>st</sup>–22<sup>nd</sup>, 2023, Fort Wayne, IN

Turnstone is proud to host the 2023 Junior Division Regional Qualifier. The Prep and Varsity divisions will take place starting early Saturday Morning and finish Sunday mid/late afternoon. The tournament format includes a seeded tournament. The seeding will be set by the NWBA. One or two bids to the 2023 NWBA National Championships will be available for the 10' teams competing if the number of teams is 5-6 or more.

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

**Competition format:** All teams are guaranteed three games. Seeding set by NWBA.

**Registration fee:** The early registration fee is **\$290**. **After January 6<sup>th</sup>**, the registration fee will be \$350. Registrations will be closed on January 9<sup>th</sup>. The fee is not refundable after January 9<sup>th</sup>

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

**Awards:** We will have awards for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, MVP- Male, Female

**Rules:** The 2023 Junior Division Regional Qualifier 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](http://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 2021-2022 NWBA Tournament Sanctioning guidelines.

**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 [isaac@turnstone.org](mailto:isaac@turnstone.org)**

Please mail check (Payable to Turnstone) and paperwork to Isaac Boatman at [isaac@turnstone.org](mailto:isaac@turnstone.org) or you can use this link: **Pending**

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

**Attention: Isaac Boatman**

Hotel	Link	Address	Phone	Rate	Deadline

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



### Team Roster

### 2023 Junior Division Regional Qualifier

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.		
<b>Coach:</b>		
<b>Assistant:</b>		



**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**