Score One for Mental Health
What you need to know

Before the Tournament

Step 1 - Get it Together
Make sure all players on your team have signed the attached forms and waivers (emergency contact form, risk waivers, right to photographs). Contact Katie (ktollis@phoenixctr.com) to make any changes to your team.

Step 2 - Timing is Everything
Consult the tournament schedule to find out when you’re playing. Schedules will be released the day prior to the tournament (Friday, May 12, 2017).

Step 3 - Get Organized
Round up all your equipment. No tape allowed. If players are bringing their own sticks, they must be plastic. If not, players will have to use the sticks provided. Goalies must be fully equipped and must wear a helmet. Helmets are recommended for all players. All players must have clean, indoor gym shoes. Road hockey equipment is allowed. Sticks and goalie equipment will be available on site.

Step 4 - Get Ready, Get Set, Go
Rest up and put your game face on!

Game Day

9:30 AM - 10:00 AM - Sign In
Fellowes High School Gym Floor
Sign-in your team at the welcome desk. Hand in all waivers.

10:15 AM - Let the Games Begin
Gym Floor
Tournament will start. Please see game schedule for timings.

11:30 AM - Hot Dogs! Get your Hot Dogs
Outside
Food will hit the grill and the BBQ will begin.

12:00 PM - 12:30 Time Out
Gym Floor, Everywhere
We will take a short intermission to make sure everyone can refuel and rest up. Hit the BBQ, take part in games, and check out some great family activities.

2:30 PM - We are the Champions
Games come to a halt and the Awards Ceremony takes place. Prizes will be given out to the winning team in each age division, so stick around after your last game!

What else will be going on?
BBQ
Snacks
Popcorn
Raffles
Prizes
Score One for Mental Health

Team Checklist

☐ Revised Registration Form

☐ A copy of each player’s waivers (emergency info, accident and risk waiver, photographs)

☐ Goalie equipment (Road hockey equipment is acceptable)

☐ Sticks with plastic blades (No tape allowed! Sticks will be available on site as well.)

☐ Helmets, goggles, mouth guard (Recommended for all players, mandatory for goalies)

☐ Clean, indoor gym shoes

☐ $$$ for food and games!

☐ Your “A” Game

See you on the floor to Score One for Mental Health!
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Team Info Sheet (1 per team)

Team Name: ________________________________

Team Players:
1. (Captain) ________________________________
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________
6. ________________________________
7. ________________________________
8. ________________________________

Parent Coach Name: ________________________________
Tel #: ________________________________
Email: ________________________________

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Emergency Information (Each player MUST submit a copy of this form)

Student Name: 
Address: 
Phone Number: 
Parent/Guardian: 
Emergency Contact Name: 
Health Card Number:

Medical Information: __________________________________________________________

List your child’s allergies to any drugs, food, or medication/other: _____________

List your child’s prescription drugs: ________________________________

Who should administer the medication? ________________________________

Does your child wear a medical alert bracelet, neck chain, carry a medical alert card? Yes ___ No ___

Does your child wear glasses? Yes ___ No ___ Contact lenses? Yes ___ No ___

Please indicate if your child has been subject to any of the following and provide pertinent details: Epilepsy, diabetes, orthopedic problems, deaf or hard of hearing, asthma, allergies ________________________________

Does your child have any head or back conditions or injuries that have developed in the past two years? ________________________________

Arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, hernia, swollen hyper mobile or painful joints, trick or lock knee? ________________________________

Any other medical information that will limit participation?

________________________________

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Risk Waiver (Each player MUST submit a copy of this form)

STUDENT ACCIDENT INSURANCE NOTICE

The Phoenix Centre does not provide any accidental death, disability, dismemberment/medical/dental expenses insurance on behalf of the participants for this tournament.

ELEMENTS OF RISK NOTICE

The risk of injury exists in every athletic activity. Falls, collisions, and other incidents may occur and cause injury. Due to the very nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck and back. Some injuries can lead to paralysis or prove to be life-threatening. These injuries result from the nature of the activity and can occur without fault on either the part of the participant, or the Phoenix Centre or its employees/volunteers or the facilities taking place. By choosing to participate in this tournament, you are assuming the risk of an injury occurring. The chances of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

ACKNOWLEDGEMENT OF RISKS/INFORMED CONSENT AGREEMENT

I/we agree that the Phoenix Centre for Children and Families or its employees and volunteers shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from participation in this event. I/We have read and understand the notices of accident insurance and elements of risk and understand the expectations required for my child to participate in the tournament.

Name of parent (print)
Signature of Parent ________________ Date ________________

See you on the floor to Score One for Mental Health!
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Consent to Photographs

I/WE, _______________ of ________________________________
(print full name) (address)
Hereby consent to the use of photographs of myself and/or ________________
(Client’s name and date of birth)

Initial ________________

I understand that the photograph(s) of my child and/or my family may be used for public relations and/or information within the context of The Phoenix Centre for Children and Families and Score One for Mental Health.

Initial ________________

I understand that the photograph(s) will become the property of the Phoenix Centre for Children and Families and Score One for Mental Health.

Initial ________________

Optional: I understand and agree to the use of my child’s or family’s names as well pertaining to public relations and/or information releases.

Initial ________________

____________________  ______________________
(witness) (signature)

Dated the __________ day of ______________________ 20 __________.

See you on the floor to Score One for Mental Health!