



**INDOOR SPORTS PAVILION
IS HOSTING THE SIXTH ANNUAL
DANIEL JORDAN FIDDLE FOUNDATION
LACROSSE TOURNAMENT.**



THE TOURNAMENT WILL BENEFIT THOSE WITH AUTISM.

DJFF[®] The Daniel Jordan Fiddle Foundation



A National Autism Organization: Granting A Future To Adolescents And Adults[®]

FOUNDATION MISSION:

The Daniel Jordan Fiddle Foundation is a 501 (c)(3) National Autism Organization.

The all volunteer-run organization, was established to develop, advocate for and support programs through grant awards that enrich the lives of adolescents and adults with Autism Spectrum Disorders (ASD).

The guiding principle of The Daniel Jordan Fiddle Foundation is to honor the individuality of each person with ASD so that each may participate throughout their lifetime in vocational, recreational, educational and residential opportunities that are suitable, stimulating and sustainable and allow for maximum integration in the community.

Quality of life issues, including health and wellness throughout the lifespan, awareness about co-morbid health conditions and the development of positive support systems for adults on the spectrum are an integral part of our mission.

For more information visit:
www.djfiddlefoundation.org



A portion of the tournament proceeds will go directly to the DJF Foundation.

**STAY OUT OF THE COLD AND RAIN AND
GET 4 GAMES IN BEFORE THE REGULAR
SPRING SEASON BEGINS....**

AND SUPPORT A GREAT CAUSE!

WHERE: INDOOR SPORTS PAVILION, RANDOLPH NJ

FORMAT:
4 DIVISIONS:
(6-8 TEAMS PER DIVISION ONLY)

10 ON 10, INCLUDING LONG STICKS

8TH GRADE BOYS DIVISION: SAT. MARCH 6TH, 2-11 PM

7TH GRADE BOYS DIVISION: SAT. MARCH 13TH, 2-11 PM

6TH GRADE BOYS DIVISION: SAT. MARCH 20TH, 2-11 PM

5TH GRADE BOYS DIVISION: SAT. MARCH 20TH, 2-11 PM

EACH TEAM IS GUARANTEED
4, 35-MINUTE GAMES

(INCLUDES ROUND ROBIN AND PLAYOFFS)

CHAMPIONSHIP T-SHIRTS
AWARDED TO EACH DIVISION WINNER

COST: \$700 PER TEAM

EACH TEAM MUST PROVIDE UNIFORMS

REGISTRATION:
WWW.INDOORSPORTSPAVILION.COM
OR CALL 973.895.4007

**CALL NOW TO RESERVE YOUR SPOT!
FIRST COME, FIRST SERVED**

INDOOR SPORTS PAVILION

ROSTER FORM

To sign up for any of our leagues or tournaments, please PRINT AND FILL OUT THIS REGISTRATION FORM, and send it in with; or to await individual registration/waiver forms and payment(s).

SPORT: _____ Age Level: _____

Team Name: _____ Coach: _____

Type (circle one): League / Tournament League/Tournament Name: _____

Session Start Date: _____ Day of Week: _____ Fee: \$ _____

If Soccer – Level of Team (circle one): club / travel / recreation

If Soccer – Identify League Name: _____ Flight during previous fall outdoor season: _____

If Soccer – Indicate preferred level of play (circle one): High / Low

If Soccer – Would you be willing to play up one age level (circle one): Yes / No

Team Representative or Contact Person:

(Person responsible for notifying team members of any and all changes.)

Name: _____ E-Mail Address: _____

Daytime Phone: ____-____-____ Evening Phone: ____-____-____

Cell Phone: ____-____-____ Fax No.: ____-____-____

Home Address: _____

City: _____ State: ____ Zip Code: _____

Team Roster/Waiver Sheet: (please print clearly)

Waiver

<u>Names,</u>	<u>Phone Numbers,</u>	<u>E-Mail Address,</u>	<u>(x)</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____

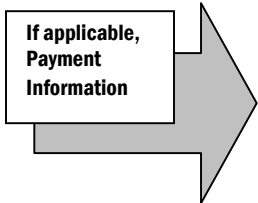
- Please inform your players they **MUST** check in with front desk each time they come.
- The Coach or Team Representative should have **all the waivers completed** and attached for each of the above players before the start of play.

INDOOR SPORTS PAVILION -- REGISTRATION/WAIVER FORM (For Insurance Purposes) -- Please print legibly

16 W Hanover Ave, Randolph NJ 07869 -- 973-895-4007 / 973-895-4026 (fax)

****If you have already filled out this form for another program during the current "ISP" year -- Only fill in checked areas, along with payment information (if applicable)****

- ✓ **Name of Participant:** _____, M ___ / F ___
- ✓ **Starting Day/Date:** _____ **Sport/Program Code:** _____
- ✓ **Program (circle one):** League / Tournament / Clinic / Camp / Contract / Batting Cages / Private Lesson
- ✓ **Position Played:** _____ (If Lacrosse Player- US Lax No.: _____)
- ✓ **Name of Team:** _____ **Team Representative:** _____



Payments -- Amount Paid: \$ _____ Check: # _____, Cash: _____,
 Credit Card: # _____ Exp Date: _____
 Print Name that appears on card: _____
 (for credit card) Customer Signature: _____

ALL FEES PAID FOR PROGRAMS AT INDOOR SPORTS ARE NON-REFUNDABLE. REGISTRANTS SHALL NOT BE PERMITTED TO PAY PRO-RATED FEES. CANCELLATIONS DUE TO WEATHER WILL NOT BE SUBJECT TO MAKE-UPS.

Participant's Address: _____

City _____ **State** _____ **Zip** _____

Home Phone No.: _____ **Cell Phone No.** _____

Registrant's E-Mail: _____

We will attempt to contact the participant via e-mail if there is a change in schedule.

Participant's Birthdate: ____/____/____ **Age:** ____ **Grade:** ____ (As of Sept 1, of current school year)

For Minors Father's Name: _____ **Work Phone No.:** _____

Cell Phone No. : _____ **E-mail address:** _____

For Minors Mother's Name: _____ **Work Phone No.:** _____

Cell Phone No. : _____ **E-mail address:** _____

Adult and Minor Participant Waiver/Release/Assumption of Risk/ Agreement

In consideration of participating in any way in the athletics/sports programs, and/or otherwise participating in or attending events or activities, at the Indoor Sports Pavilion, LLC, ("ISP") during the twelve (12) month period between Sept. 1 – Aug. 31 coinciding with the date of receipt of this document, the undersigned, both individually and on behalf of any minor for whom the undersigned is legally responsible:

1. agrees that he or she, or as the parent(s) or legal guardian(s) of a minor participant, shall, prior to participating in an activity at ISP, inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, shall immediately inform personnel employed at the front desk of ISP of such condition(s) and refuse to participate unless and until such condition(s) is cured or removed. It should be noted that netting surrounding the field has wire ties and chain therein and that goals are stored in areas directly adjacent to and surrounding the fields.
2. acknowledges and fully understands that each participant will be engaging in activities that by the inherent nature of the activity involve a risk of serious injury, including the potential of permanent disability and death, and understands and accepts that severe social and economic loss may result not only from his or her own actions, inactions, or negligence, as well as from the actions, inactions or negligence of others, the rules of play, and/or from any equipment in the facility or which is used in the normal course of such activity. It should be noted that netting surrounding the field has wire ties and chain therein and that goals are stored in areas directly adjacent to and surrounding the fields.
3. assumes all of the foregoing risks and accepts responsibility for any injury, disability or death to me and/or my child, as well as, and any damages, whether social or economic, arising from participation in an activity at or involving ISP, inclusive of such harm arising from the conduct of others who are also participating therein. I do not, however, accept responsibility for any injuries or damage to me and/or my child arising while participating in an activity at ISP which is caused by a reasonably foreseeable physical condition on the premises, although I do accept responsibility for any such harm arising from the physical condition of the netting and the storing of goals as set forth in paragraph 2.
4. represents that I, or my child, am qualified, in good health and in proper physical condition to participate in activity(ies) at ISP and hereby authorize any representative of ISP, or medical provider, to seek medical attention on my behalf, or on behalf of my child, to ensure my well being, or the well being of my child, without any legal liability whatsoever, inclusive of any responsibility for any negligent rescue operations.
5. releases, waives, discharges and covenants not to sue ISP, it's affiliated clubs, administrators, members, directors, agents, coaches, referees, and/or other employees of ISP, other participants, sponsoring agencies, sponsors, advertisers, owners and lessors/lessees of the premises used to conduct the event or activity in which I, or the minor participant for whom I am responsible, participate (all of which are hereinafter referred to as "releasees"), from any and all liability to each of the undersigned, his or her heirs and the next of kin, for any and all claims, demands, losses or damages on account of any injury, including death or damage to property, caused or alleged to have been caused, in whole or in part, by the releasees or otherwise. I so agree independently on behalf of myself as to any claims I may have as a participant/spectator and/or as the parent or legal guardian of the subject minor/child, and separately on behalf of the subject minor/child.
6. hereby authorizes the use in any promotional materials of any photograph taken of me, or my child, while participating in any activity at ISP.
7. agrees that all disputes arising from an injury or claim whatsoever at, or relating to, ISP shall be resolved by mandatory arbitration.

I/WE HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND THAT I/WE GIVE UP CERTAIN RIGHTS BY VOLUNTARILY SIGNING IT AND I/WE NEVERTHELESS DO SO.

Printed Name of Parent, Guardian, or Adult Participant: _____ Date: _____

Signature of Parent, Guardian, or Adult Participant: _____