

# Bonnie Brae Fifth Annual Ultimate Frisbee Tournament "Frisbee for Fun"- Hat Tournament Registration



November 3<sup>rd</sup>, 2019 1:00pm-5:00pm Bonnie Brae Campus

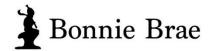
The Bonnie Brae "Frisbee for Fun" Ultimate Frisbee tournament is to benefit Bonnie Brae, an extraordinary school and a safe place for boys and young men in crisis, ages 8-21 (www.bonnie-brae.org).

Registration will begin at 12:15pm and the tournament will start promptly at 1:00pm on the main field on the <u>Bonnie Brae Campus</u>, 3415 Valley Road, <u>Basking Ridge</u>, NJ 07938. There will be a break in play at 3:30 and then resume by 4:00pm.

## Participation Requirements:

- Minimum donation of \$30 per player advance registration before 11/3. \$40 at the event.
- The attached waiver and consent form <u>must be completely filled out by each player and/or a parent/guardian in order to be eligible to play</u> in the tournament. Waivers can be mailed/emailed to Maureen Hunt <u>mhunt@bonnie-brae.org</u> or turned in at the registration tent on November 3rd.
- Player registration forms can be mailed/emailed to Maureen Hunt (<a href="mailed-ema
- Open to participants ages 13 and up. Players will be assigned to a team based on skill level. Games will be approximately 30 minutes in length.
- Additional donations made in support of you/your team will be accepted until November 3rd and can be brought to the event or sent to Bonnie Brae at the above address. Donations can also be made on-line by visiting <a href="https://www.bonnie-brae.org/event/bonnie-brae-frisbee-fun/">https://www.bonnie-brae-frisbee-fun/</a>.

Please raise as much as you can for this amazing organization.



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The Bonnie Brae "Frisbee for Fun" Ultimate Frisbee tournament is to benefit Bonnie Brae, an extraordinary school and a safe place for boys and young men in crisis, ages 8-21 (www.bonnie-brae.org). Registration will begin at 12:15pm and the tournament will start promptly at 1:00pm on the front field on the Bonnie Brae Campus, 3415 Valley Road, Basking Ridge, NJ 07938.

#### Participation Requirements:

- Minimum donation of \$30 per player in advance, or \$40 on event day.
- The attached waiver and consent form <u>must be completely filled out by each player and/or a parent/guardian in order to be eligible to play</u> in the tournament. Waivers may be mailed/emailed to Maureen Hunt at <u>mhunt@bonnie-brae.org</u> or turned in at the registration tent on November 3rd.
- Player registration forms can be mailed/emailed to Maureen Hunt (mhunt@bonnie-brae.org), or turned in the to the registration tent the morning of the match. Please include your registration payment of \$30 and any additional donations or indicate that you will be bringing payment to the event.
- Open to participants ages 13 and up. Players will be assigned to a team based on skill level. Games will be approximately 30 minutes long.
- Additional donations will be accepted until November 3rd and can be brought to the event or sent to Bonnie Brae at 3415 Valley Road, PO Box 825, Liberty Corner, NJ 07938. Donations can also be made on-line by visiting https://www.bonnie-brae.org/event/bonnie-brae-frisbee-fun/.

Please be sure to achieve the minimum of \$30.00 donation, but raise as much as you can for this amazing organization. Prizes will be awarded For additional details and fundraising information, visit <a href="http://www.bonnie-brae.org/frisbeeforfun/">http://www.bonnie-brae.org/frisbeeforfun/</a>. For Questions, please email <a href="mhunt@bonnie-brae.org">mhunt@bonnie-brae.org</a> (Bonnie Brae is a registered 501(c)3 non-profit and all donations are tax deductible, EIN 221-500-479). Tournament registration donations are non-refundable. All checks should be made payable to Bonnie Brae.

Name:	I	Email:		
	ub/School (if applicable): Phone #:ease bring a light and dark t-shirt to the tournament			
Please complete the section belo	w so that we can place you o	n an appropriate team.		
1) Please list the teams/schools y	ou have played for in the pas	st		
2) What position do you primar	ily play?			
- Defensive Handler	- Defensive Cutter	- Offensive Handler		
- Offensive Cutter	- Defensive Hybrid	- Offensive Hybrid	- Wherever	

1	ould you rate your overall skill as a playor - Novice or no experience - Have competed at a club sectionals lever - Have competed at a club nationals/pro	2 - Have played recreationally vel 4 - Have competed at a club regionals level			
4) How w	yould you rate your skill at throwing?				
2	- Novice or no experience	2 - Have played recreationally			
3	- Can throw at a club sectionals level	4 - Can throw at a club regionals level			
5 -	5 - Can throw at a club nationals/professional level				
5) How w	ould you rate your skill at cutting?				
1	- Novice or no experience	2 - Have played recreationally			
3	- Can cut at a club sectionals level	4 - Can cut at a club regionals level			
5	- Can cut at a club nationals/professiona	l level			
6) How w	ould you rate your defensive ability?				
1	- Novice or no experience	2 - Have played recreationally			
4	4 - Can defend at a club sectionals level 4 - Can defend at a club regionals level				
5					
7) Do you	ı have a player you would like to play wi	th? (max 1. chain baggage will not be honored)			
	ke checks payable to Bonnie Brae. Please re://www.bonnie-brae.org/event/bonnie-brae	ecord additional donations below! To fundraise on-line, please e-frisbee-fun/.			

Do not forget to attach your signed waiver!

### **Additional Donations:**

Donor Name	Amount	Donor Email

# Bonnie Brae "Frisbee for Fun" Ultimate Frisbee Tournament Participation Waiver $-\,11/3/19$

Release of all claims (must be signed to participate) Name: Birthdate:			
Email:	Phone:		
Address:			
Emergency Contact Name & I	Phone:		
Name:			
As lawful consideration for my child of hereby attest that, after reading this Ward is entirely voluntary, and that I are and forever discharge the Released nature arising out of or in any way connidemnify and hold each of the Release including, but not limited to, all attorned includes any claims based on the negligible damage, and loss by theft or otherwise, and required for participation in the event attention of the rest in the reatment or surgery deemed necessary further authorize medical treatment for no duty, obligation or liability arising of the reatment or surgery deemed necessary further authorize medical treatment for no duty, obligation or liability arising of the rest in the reatment of the respective parent, subsidiary, affiliated representatives, successors, assigns, and sonnie Brae, and guidelines regulating and FURTHER UNDERSTAND THAT SOCCASIONALLY OCCUR DURING OCCASIONALLY OCCUR DURING OCCASIONALLY SUSTAIN SERIOUS CONSEQUENCE THEREOF, KNOW RISKS AND TO RELEASE AND HONEGLIENCE OR CARELESSNESS) EQUIPMENT AND FACILITIES In the Event, I or my child or ward will in mediately advise the Event manager child or ward will refuse to participate, anderstand and agree that I am solely representatives and standings, without compensions of the property of the surgery of	r ward being permitted to participate in Bonnie Brae's "Frisbee for Fun" Ultimate Frisbee Tournament, I iver and Permission Form completely and carefully, I acknowledge that participation in the Event by my child understand and agree as follows: whalf of my child or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to I Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nected with my child or ward's participation in the Event and/or any such activities, and further agree to sed Parties harmless from and against any and all such liabilities, claims, actions, damages, costs or expenses by a Parties harmless from and against any and all such liabilities, claims, actions, damages, costs or expenses yyers ean disbursements up through and including any appeal. I understand that this release and indemnity gence, action or inaction of any of the Released Parties and covers bodily injury (including death), property whether suffered by my child or ward either before, during or after such participation in the Event/Activity. L AUTHORIZATION: I hereby certify that my child or ward are physically fit and have the skill level nd/or any such activities specified above or other activities conducted in conjunction therewith (the advised otherwise. In connection with any injury sustained or illness or medical conditions experienced dance in connection with the Event/Activity, I authorize any emergency first aid, medication, medical by the attending medical personnel if I am not able to act on my or my child's or ward's behalf. Additionally, my child or ward, at my cost, if the need arises; however, I acknowledge that the Released Parties shall have ut of the provision of, or failure to provide, medical treatment. For the purposes hereof, the "Released Officers, directors, members, employees, volunteers, or guests or any landowners, landholders or the persons to users (hereinafter "Bonnie Brae"); the Event Host referenced above; all Eve		
Date Name of Participant	Signature of Participant		
Name of Parent or Legal Guardian	Signature of Parent or Legal Guardian		