**2019 UTAH STATE GOALBALL TOURNAMENT**

For visually impaired youth grades 1st-12th

**WHEN:** Friday, April 19th (all day 8:30-3:30/4:00 Younger players should be done by 3:00 but this depends on how many register and how many teams we have).

**WHERE:** Copperview Recreation Center

8446 Harrison St, Midvale, UT

**Players MUST pre-register for the tournament AND meet the following criteria:**

In order to compete in the state tournament players MUST attend at least five practices. The younger players (6th grade and younger) also need to pass off some basic skills such as being able to throw hard enough for the ball to reach the other end of the court. The older players (ages 7th-12th grade) need to be able to pass off more advanced skills and be safely able to block harder throws. Players who do not qualify to compete can still attend the tournament to watch and receive a jersey or T-shirt if they have attended at least 5 practices. All players MUST be at the tournament when it starts and play until it ends.

Please email Jalayne and let her know that you are sending in your registration and let her know your name, division you are playing in, and your shirt size by March 20th. Email: jalayneengberg@gmail.com or call 801-427-1911.

All players need to be at Copperview Recreation Center by 8:30 am on Friday, April 19th.

Parents and other family members are encouraged to come and watch. During a goalball game, we need everyone to be very quiet. You can cheer when the referee calls a goal, but other than that, you will need to be quiet so that the players can hear the ball. If you bring young children, please keep them by you and don’t let them run around because the noise they make interferes with the players’ ability to track the ball. Please help us keep the building clean. Food is not allowed in any of the gyms. We LOVE having family and friends come and watch goalball!!!! We hope you can make it.

 Volunteers: If you want to volunteer to help at this tournament, please email Jalayne (jalayneengberg@gmail.com ) and let her know what time you can help. We need fast people as goal judges who just stand by the sides and put the balls back in play. We need people who can come early and help set up chairs and goals, we need people who can stay later and help clean up. Please let Jalayne know what you can help with.

 **Check in Time: 8:30 a.m**.

**Play Begins at: 9:00 a.m.**

 **Lunch: 11:30-12:30** Lunch will be provided to all players and volunteers. Family members will need to provide their own lunch or to volunteer for a few hours to get your lunch provided. Let Jalayne know if you want to volunteer.

Medal Rounds: The medal rounds will take place (depending on how many students sign up) around 2:00 for both divisions.

The tournament will be over between 3:30-4:00. We can always use volunteers to help take down the chairs and clean up and would LOVE any and All help!!!! Thanks for letting your child participate in goalball. We love working with them!

This is the first team sport (and sometimes only) that many of these students have played. We want to keep it a positive atmosphere. We have different levels of playing ability. Everyone who has the skills will be allowed to play. Some teams will win, some will lose, but we want everyone to have a good time. It isn’t all about getting first or second place, it is about working hard to improve, being a team player, being a good sport, getting in better physical shape, and having fun.

Each player should wear clothing that they can easily move in. They need to wear shoes that will not mark the gym floor. Soft knee pads and elbow pads help. Please put your name on any equipment. Many older students like to wear compression shirts and long compression pants (worn under shorts and found at Walmart). Some students even wear hockey pants with soft pads (found at Big 5 or Play It Again Sports). Eye shades will be provided for use during the tournament and practices.

Please Visit the Utah Foundation for the Blind Facebook Page to find out when practices are.

Mail this registration and waiver to

Jalayne Engberg

642 S. Locust Ave.

Pleasant Grove, UT

84062

We are asking for Donations of $20 or more so that we can continue providing quality goalball programs. Please bring your donation that day made out to UFB or mail it to UFB at 642 S. Locust Ave. Pleasant Grove, UT 84062

**2019 GOALBALL REGISTRATION FOR THE UTAH STATE TOURNAMENT**

**Due by March 20st.**

 Full NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTHDAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHIRT SIZE: \_\_\_\_\_\_\_\_\_\_\_\_ Please circle one: Adult or Youth

Please list the dates (you have to attend at least 5) you attended goalball practice:

1. ­­­­­­­

2.

3.

4.

5.

Any food allergies or other allergies or health issues we should be aware of?

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Pictures will be taken and posted on ufbvi.org

**LIABILITY WAIVER**

(Including General Release and **Covenant Not to Sue)**

IN CONSIDERATION of participating in the Utah Foundation for the Blind and Visually Impaired’s sports program (UFBVI), or on behalf of a minor child, the undersigned agrees and states as follows:

The undersigned is aware of and understands the inherent risks, hazards and dangers associated with TEAM SPORT participation (which are printed below and incorporated herein as though appearing above the signature of the undersigned) and, notwithstanding that the actual conditions DURING PRACTICES AND GAMES may pose more or less risks, hazards and dangers than those so enumerated, the undersigned nevertheless elects, voluntarily, to enter and/or participate in UFB on the terms, conditions and covenants set forth herein. In this regard, the undersigned, for himself/herself/itself and for his/her/its heirs, successors, assignees, personal representatives and next of kin, hereby releases, waives, discharges, covenants not to sue and agrees to hold harmless the COACHES, Volunteers, AND BOARD MEMBERS OF THE Utah Foundation for the Blind and Visually Impaired; from all liability for any and all causes and claims of every type and nature whatsoever, including but not limited to property damage, injury to person and/or death, or otherwise, without limitation, arising out of or alleged to be arising out of the conduct of the NORMAL SPORT ACTIVITIES including but not limited to practices and games under the direction of UFBVI.

*Team Sports involve inherent risks, hazards and conditions that may be dangerous to life, limb and property and that can arise in an incalculable variety of unforeseeable or foreseeable ways which may include including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,*

*Each participant KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child's participation; and, agrees to comply with the program's stated and customary terms and conditions for participation. If any unusual significant in the program itself is discovered, the particpant will be removed and concern will be brought to the attention of the nearest UFBVI adult supervisor immediately; and,*

The undersigned, on behalf of self, spouse, child, and on behalf of heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS UFBVI, its directors, officers, officials, agents, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

The undersigned, on behalf for self, spouse,child, and on behalf of heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to the involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**THE UNDERSIGNED HAS READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT SUBSTANTIAL RIGHTS WILL BE GIVEN UP BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

 **Parental Signature Date**

**Please Print Name**  Phone number

Please list an emergency contacts

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