



# LAKESHORE

August 15, 2018

Dear Goalball Teams:

On behalf of Lakeshore Foundation I would like to invite you to participate in our Youth Goalball Regional Tournament October 5-6, 2018. We will host up to 12 youth teams through a round-robin format. Each team will have a minimum of three games. Additional games will be based on the overall number of boys and girls teams entering the tournament; however, every effort will be made to provide four games. Players must be **19 years of age or younger** to participate in this tournament.

The registration packet is divided into two sections. Section I contains tournament information and entry fee information.

The information contained in Section II includes a team roster and a tentative tournament schedule. Section II also contains the non-member waiver. **All athletes, coaches, and staff participating in our tournament must complete our non-member waiver.**

Contact Cliff Cook by **September 7, 2018** to reserve your team's spot. Please complete these documents and return with payment no later than **September 14, 2018**.

If you have any questions, please feel free to contact me at 205-313-7426 or [cliffc@lakeshore.org](mailto:cliffc@lakeshore.org).

We are looking forward to an exciting tournament!

Sincerely,

Cliff Cook

## **SECTION I**

### **TOURNAMENT INFORMATION**

**Competition Venue:** Lakeshore Foundation  
4000 Ridgeway Drive  
Birmingham, AL 35209

**Date:** Friday, October 5 through Saturday, October 6, 2018

**Competition Format:** Round-robin followed by a format that affords the most play in specified time period.

Patching – Must provide eye patches for opponent if requested (with the exception of semi-final and final games where tournament hosts will provide). Request must be made at coin toss.

Game Length – Two eight minute halves

**Registration Fee:** The tournament entry fee is **\$270** per team (includes up to six players, and up to three team coaches/staff).

Registration includes: dinner on Friday and lunch on Saturday, t-shirts, officials' costs, awards and facilities costs.

**Registration:** To secure your team's slot, you must email or call by **Friday, September 7, 2018**. Forms and fees are due no later than **Friday, September 14, 2018**. Please make checks payable to **Lakeshore Foundation** and mail to the address below. You may also pay by credit card over the phone. Please call Rhonda Price at 205-313-7419.

**Mail checks to:**  
**Lakeshore Foundation**  
**ATTENTION: Rhonda Price**  
**4000 Ridgeway Drive**  
**Birmingham, AL 35209**

## **Lodging Information:**

### **Hilton Garden Inn**

520 Wildwood Circle Drive North  
Birmingham, AL 35209  
205-314-0274

\$109 (includes breakfast for up to 4 guests per room)

We have blocked 20 rooms. The cutoff date to book rooms is September 7, 2018  
Use **“Lakeshore Foundation Goalball Tournament”** when booking

**Meals:** Hilton Garden Inn provides breakfast from 6-10 a.m. with the above group rate.

We will offer dinner on Friday and lunch on Saturday for all registered athletes and coaches. These meals are included with team registration. Special dietary requests should be indicated in the registration .

Additional food and beverages will be available for purchase throughout the tournament.

**Officials:** United States Association of Blind Athletes certified Goalball officials

**Directions:** [lakeshore.org](http://lakeshore.org)

## **Tentative Tournament Schedule:**

### **Friday October 5, 2018**

3:30 – 3:45 p.m.	Coach’s Meeting	Center Court
4 – 9 p.m.	Games	Center Court

### **Saturday October 6, 2018**

8 a.m. – 9 p.m.	Games	Center Court
11 a.m. – 12:30 p.m.	Lunch Break	
5:30 – 6:30 p.m.	Dinner Break	

**Awards:** Awards will be provided in both the girls & boys brackets

**Athletic Trainer:** On-site during tournament

**Lockers:** Locker rooms will be available to all participating athletes. Locker rooms, include accessible showers, restroom facilities and assisted dressing areas. Day use lockers are also available.

**Additional Information:** Cliff Cook 205-313-7426 or [cliffc@lakeshore.org](mailto:cliffc@lakeshore.org).

**SECTION II**

**2018 Goalball Youth Regional Tournament**

**Lakeshore Foundation**

**Birmingham, Alabama**

Team: \_\_\_\_\_ Head Coach: \_\_\_\_\_

Colors: \_\_\_\_\_ Team Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

<b>Team Roster</b>			
<b>Player</b>	<b>Jersey Number</b>	<b>Shirt Size</b>	<b>Dietary Restrictions</b>
1.			
2.			
3.			
4.			
5.			
6.			
<b>Coaches and Staff</b>			
1.			
2.			
3.			

**Non-member Agreement/Waiver**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If under the age of 19, parent or guardian name \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

Disability/Health Condition (*if applicable*) \_\_\_\_\_

Activity participating in or Guest of \_\_\_\_\_ Lakeshore Goalball Youth Regional \_\_\_\_\_ Date \_\_\_\_\_ Oct 5-6, 2018

**Non-Member Agreement/Waiver**

The undersigned, (hereinafter referred to as "Guest") agrees to abide by the rules of Lakeshore Foundation.

The Guest agrees that all use of Lakeshore Foundation's facilities, premises, services and programs including transportation shall be undertaken at his(her) sole risk and Lakeshore Foundation shall not be liable for any injuries, accidents or deaths occurring to applicant, arising either directly or indirectly out of utilizing Lakeshore Foundation's facilities, services and programs, whether caused by the negligence or other wrongful conduct of Lakeshore and any of its agents or employees. The Guest for himself(herself) and on behalf of his(her) executors, administrators, heirs, and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue Lakeshore Foundation, its officers and agents for all such claims, demands, injuries, damages or cause of action, with respect to use of Lakeshore Foundation facilities, premises, programs and services which the applicant may suffer or incur as a result of participation in such program, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants or employees of any of them. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arising out of any injury or damages incurred by the Guest. In signing this release, the Guest acknowledge and represent that he(she) is over 19 years of age, he(she) is of sound mind, the Guest has read this release, understands it, and signs it voluntarily, and that this paper contains the entire agreement between the Guest and Lakeshore Foundation. The Guest declares that he(she) is physically able to participate in physical activity. Further, the Guest declares that Lakeshore Foundation has advised him(her) to obtain a medical clearance if he(she) is unsure of his/her physical health.

The Guest also consents to and authorizes the taking of photographs, movies, films, videotapes, tape recordings, or reproductions (*collectively, "Reproductions"*) and consents to the use, copyright, license, publication or broadcast of the same for advertising, educational, promotional, or publicity purposes on the part of Lakeshore Foundation and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. Guest hereby grants and assigns to Lakeshore Foundation the right, title, and irrevocable authority and interest to such Reproductions. Guest waives any and all claim for compensation and waives all claims related to or arising out of the publication and dissemination of the same for any lawful purposes. Guest further authorizes the communication of information concerning the Guest in connection with the utilization of such Reproductions by Lakeshore Foundation and its affiliated or associated organizations, and their respective directors, trustees, officers, agents, servants and employees without claim for compensation and waives all claims related to or arising out of the publication and dissemination of the same.

Please sign below. If under the age of 19, must be signed by a parent or guardian.

Signature

\_\_\_\_\_

\_\_\_\_\_  
 (*Printed name and relationship if applicable*)

Please note that all non-members may receive information from Lakeshore Foundation regarding membership opportunities.