

**KUTZTOWN UNIVERSITY
GOLDEN BEAR HIGH SCHOOL TOURNAMENTS**

DATE: Saturday, **January 31 st**, 2009, Saturday, **February 21st**, 2009, and Sunday, **March 8th**, 2009. YOU MAY REGISTER FOR AS MANY TOURNAMENTS AS YOU WISH. **CIRCLE YOUR PREFERENCES**

WHEN: 8:00 a.m. - 4:00 p.m.

WHERE: KEYSTONE FIELDHOUSE

TOURNAMENT SET UP: 16 TEAMS - 2 POOLS ROUND ROBIN WITH PLAYOFFS
GUARANTEE MINIMUM OF 5 GAMES
GAMES WILL BE 25 MINUTES
3 COURTS WITH SIDE BOARDS
A WARM-UP AREA WILL BE AVAILABLE

FEES: \$250.00 PER TEAM . MAKE CHECKS PAYABLE TO K.U. FIELD HOCKEY, AND FORWARD TO: **BETTY WESNER, 211 KEYSTONE HALL, KUTZTOWN UNIVERSITY, KUTZTOWN, PA 19530**. FEE MUST BE RECEIVED IN ORDER TO REGISTER. ABSOLUTELY NO TELEPHONE RESERVATIONS WILL BE TAKEN.

RULES: INTERNATIONAL USFHA INDOOR RULES WILL BE FOLLOWED

OFFICIALS: A combination of rated officials and college players will be used. Due to the shortage of officials at all levels, KU is encouraging student-athletes to become actively involved in officiating.

BRING: YOUR TEAM SHOULD WEAR SIMILAR COLOR SHIRTS AND SOCKS. COURT SHOES ONLY.

AVAILABLE: CPR & FIRST AID PERSONNEL. ICE WILL BE AVAILABLE. A CONCESSION STAND WILL BE OPEN FOR FOOD, SNACKS, AND DRINKS.

AWARDS: PRESENTED AT THE END OF THE TOURNAMENT

QUESTIONS: CALL BETTY WESNER: OFFICE (610) 683-4378

ENTRY DEADLINE: AS SOON AS TOURNAMENT IS FULL.

*****Busses must park in Lot A-3 on North Campus by the Beekey Education Classroom Building]**

KUTZTOWN UNIVERSITY
GOLDEN BEAR TOURNAMENT
ENTRY FORM

NAME OF TEAM: _____

COACH: _____

HOME #()

CELL#()

WORK # ()

E-mail _____

ADDRESS: _____

ROSTER:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

RETURN WITH \$250.00 CHECK PAYABLE TO: KU FIELD HOCKEY
SEND TO:

BETTY WESNER
FIELD HOCKEY COACH
211 KEYSTONE HALL
KUTZTOWN UNIVERSITY
KUTZTOWN, PA 19530

WAIVER FORM

I understand that I am financially responsible for any medical bills incurred by me during my participation in the Golden Bear Indoor Tournament. In case of emergency, I grant permission for emergency treatment to be given to me by the appropriate medical personnel.

In consideration of the use of premises or facilities owned or operated by Kutztown University and/or in consideration of permitting to participate in the activity listed above, on behalf of myself, my heirs, executors, administrators, successors or assigns. I hereby release and forever discharge Kutztown University, its agents, servants and employees of and from any and all manner of actions, causes of action, suits, damages, claims and demands, on account of personal injury, including death, or any other cause whatsoever, which I may have against them by reason of or arising in the above-listed activity.

TEAM NAME: _____

TEAM ROSTER:

PRINT NAME:	FULL SIGNATURE:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____

NOTE: WAIVER FORM MUST BE COMPLETED AND SUBMITTED PRIOR TO COMPETITION IN ORDER TO PARTICIPATE.*Coaches: Kutztown University is committed to promoting good sportsmanship. Poor sportsmanship or unethical behavior will not be tolerated. Please understand that you are responsible for the conduct of your team, their parents and any spectators.**

_____ (please sign)