MARY FREE BED INVITATIONAL

2017 WHEELCHAIR BASKETBALL TOURNAMENT

DI, DII AND DIII DIVISIONS DECEMBER 2-3, 2017







Mary Free Bed Wheelchair and Adaptive Sports

WHEELCHAIR BASKETBALL TOURNAMENT

DECEMBER 2-3, 2017

Mary Free Bed Rehabilitation Hospital's Pacers and Rollin DRIVE invite you to attend the Mary Free Bed Invitational. The tournament is for DI, DII and DIII teams. Enclosed is hotel information, and registration. The tournament will be played at the Mary Free Bed YMCA. Please contact Christy with any questions at 616.840.8207 or christy.vanhaver@maryfreebed.com.

The deadline for registration is November 17, 2017. The tournament will start at 9:00am. Tournament schedule is still TBD. The schedule and start times will be emailed shortly after the deadline.

HOTEL INFORMATION

Holiday Inn Express

5401 28th St. Court SE Grand Rapids, MI 49546

Rate: \$99+ tax/night, includes breakfast

Rooms Available: 40 rooms in the block for Friday, Dec. 1 – Sunday, Dec. 3

Reservations: Call 616.940.8100 by Nov. 10 and let them know you are with the Mary Free

Bed Invitational for the rate listed.

Country Inn and Suites

5399 28th St. Court SE Grand Rapids, MI 49512

Rate: \$99+ tax/night, includes breakfast

Rooms Available: 20 rooms in the block for Friday, Dec. 1 – Sunday, Dec. 3

Reservations: Call 616.977.0909 by Nov. 7 and let them know you are with the Mary Free

Bed Invitational for the rate listed.

GYM INFORMATION

Mary Free Bed YMCA 5500 Burton SE Grand Rapids, MI 49546

INVOICE

Entry Fee: \$300 per team Includes a tournament t-shirt, Sat. and Sun. lunch and a four game guarantee. Number of teams: _______ Total: \$______ Make checks payable to Mary Free Bed. Deadline for registration is Nov. 17, 2017. All athletes must turn in a signed media release (on the following page) to participate. Team Roster Form Team Name: ________ Coach: ________ Address: ________ City: ________ Zip: ________ Phone: _______ Email: __________ Total number attending (include players, team representatives and coaches): _________

Return this page and the

Wheelchair and Adaptive Sports

following to:

Jersey Number	Name/Classification Number	T-Shirt Size		
Coach				
Coach				
Team Representative				
Team Representative				

MEDIA RELEASE & CONSENT

All athletes must sign this form to participate. Team Name:

Return this page and the previous to:

Mary Free Bed Wheelchair and Adaptive Sports Attn: Christy VanHaver

Or by email to

PLEASE NOTE: IF A PERSON IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.

I hereby give my permission to Mary Free Bed Rehabilitation Hospital of Grand Rapids, Michigan, to use my (or my child's) name and/ or likeness, city and state, in the form of photographs, videotape, interviews, slides, movies, or recordings, and the use of statements made by me or attributed to me (or my child) for publicity purposes or similar promotions relating to Mary Free Bed Rehabilitation Hospital, including use on the Mary Free Bed Web site. Furthermore, I grant Mary Free Bed Rehabilitation Hospital any and all rights to said use without further compensation. It is my understanding that my signature below releases Mary Free Bed Rehabilitation Hospital from any financial or legal responsibility for the use of the media relations/advertorial/promotional materials named above.

I, the undersigned (participant), being of lawful age or have, of my own accord, chosen to participate in Mary Free Bed programming. I am being permitted to participate at my own risk and assume full responsibility for any injuries or damages that may occur to me or my equipment during or in transit to and from the program(s).

In consideration of being allowed to participate in MFB programs, I, the undersigned, for myself, my heirs, my successors and assignees, agree to indemnify and forever hold harmless Mary Free Bed Rehabilitation Center, Mary Free Bed directors, officers, members, agents, and employees, and their respective agents, successors, legal representatives, heirs and legatees and each of them from and against any and all claims suits, damages, losses, expenses (including attorney fees), and liabilities which they or any of them may occur to be subjected to in any way be reason of, arising out of, or related to my participation, including my equipment or provided equipment and travel to and from programs, excluding any claims arising out of the negligence of the MFB leaders or otherwise of the program.

I am in good health and may participate in wheelchair/adaptive sports. My activity should not be limited or participation hindered because of any physical ailment. I realize that any sport may cause an individual serious injury and the participation in any sport is an acceptance of some risk of injury. If any emergency arises involving my physical well-being. I give MFB full permission to protect and assist me as deemed necessary. I will agree to pay any medical expenses or any other expenses related to my participation.

Mary Free Bed Invitational, 2017

Signatures			