



The Charlotte Rollin Hornets will be hosting a **NWBA Junior Division Wheelchair Basketball Tournament** with the support of Abilities Unlimited of the Carolinas and BridgeIISports. Attached is the tournament registration packet (waiver, roster & hotel) to help in the registration and travel plans for the upcoming Winter Classic Wheelchair Basketball Tournament to be held November 4-5, 2017 in Charlotte, NC. If you are interested in flying, Charlotte's Airport code is CLT. The venue is the **Porter Ridge High School & Middle School :**

**2839 Ridge Road
Indian Trail, NC 28079**

The registration fee will be \$250 for each Southeastern Conference rostered team. \$350.00 for out-of-conference teams. Included in the fee is:

Lunch on Saturday & Sunday for players and coaches
Official Tournament T-shirt for all players and coaches
Trophies for appropriate awards & placements
Participation from all teams in a 3-point contest, hot-shot contest and regions largest shark game
We will accept any Southeastern Conference Team and additional 10' and Prep teams outside the Southeastern Conference on a space available basis. **Please email your roster to miketeamship@gmail.com by October 8, 2017 with shirt sizes and jersey numbers.**

Please submit payment to the following address:

Abilities Unlimited of the Carolinas
2634 Bellasera Way
Matthews, NC 28105

After I receive all roster information, I will provide the tournament brackets, timing of the shooting contests and awards presentation for the winning teams. **Rosters are due (with shirt sizes) by October 8, 2017.**

I can be reached via email at miketeamship@gmail.com or by phone at 704-651-9900.

Thank you for being a part of our tournament,

Mike Godsey
Abilities Unlimited of the Carolinas, Inc.
miketeamship@gmail.com
www.Facebook.com/RollinHornets

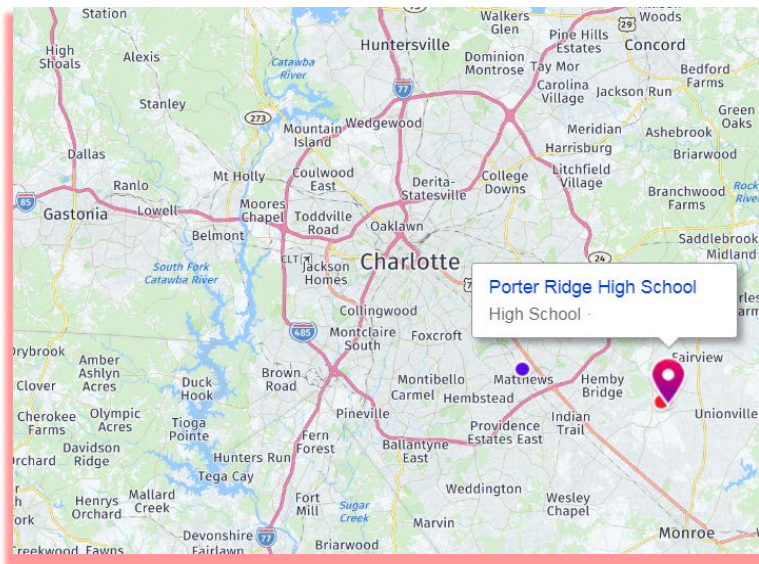
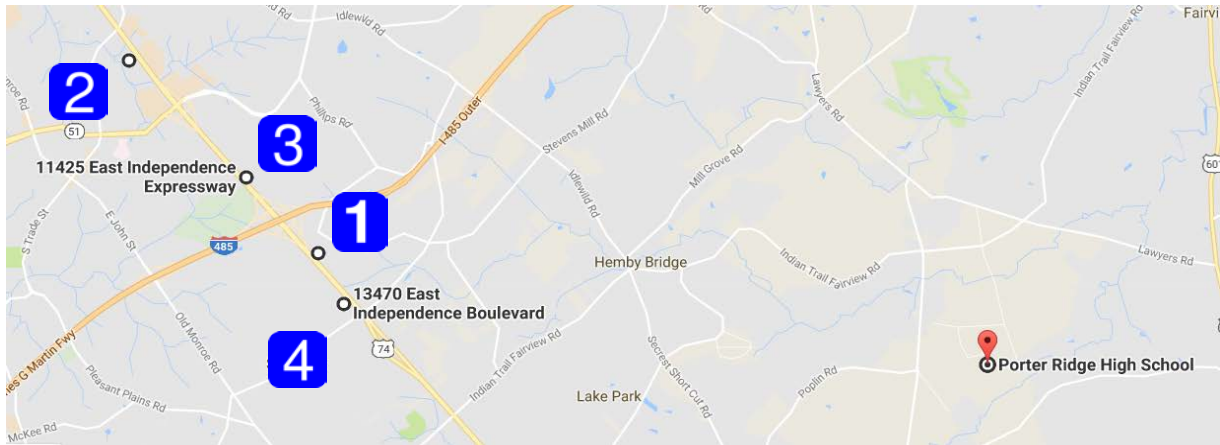


Winter Classic Wheelchair Basketball Tournament

Games played Sat & Sun, Nov 4 & 5

blocks reserved Fri & Sat, Nov 3 & 4, 2017

<u>Hotel</u>	<u>cut-off for rate guarantee</u>	<u>rate</u>	<u>Rooms in block</u>
<u>You can also google Hampton Inn & Holiday Inn Matthews, NC-a bit more expensive</u>			
Country Inn & Suites 2001 Mount Harmony Church Road Matthews, NC 28104 1-800-456-4000 Reference Winter Classic and Promo Code 1711WINT All non-smoking, breakfast included https://www.countryinns.com/matthews-hotel-nc-28104/ncmatthe?language=EN	1	10/4/2017 \$106.50 + Tax \$93.50 + Tax	5 QQ Suites 8 QQ rooms Current tax rate is 15.25%
Sleep Inn-Matthews 9900 Matthews Park Drive Matthews, NC 28105 704-841-1660 Reference Winter Classic ask for April Grant breakfast included Note: They have standup showers, you'll want to bring a shower chair (or 2) https://www.choicehotels.com/north-carolina/matthews/sleep-inn-hotels/nc032	2	10/13/2017 \$84.00 + Tax	15-20 Queen/Queen Current tax rate is 15.25%
Courtyard-Marriott 11425 E. Independence Blvd. Matthews, NC 28105 704-846-4466 Reference Winter Classic breakfast included http://www.marriott.com/hotels/travel/cltcm-courtyard-charlotte-matthews/?scid=bb1a189a-fec3-4d19-a255-54ba596febe2	3	10/20/2017 \$104.00 + Tax	10 Queen/Queen/Sofa Current tax rate is 15.25%
Quality Inn & Suites Matthews 13470 East Independence Blvd. Matthews, NC 28105 704-821-9800 Reference Winter Classic breakfast included Email inquires can be sent to: brittany.nc675@gmail.com https://www.choicehotels.com/north-carolina/matthews/quality-inn-hotels/nc675	4	10/20/2017 \$69.00 + Tax Current Tax rate is 6.75% Will add more rooms to this block as available	20 Double/Double Current tax rate is 15.25%



Venue

Porter Ridge High School

2839 Ridge Road
Indian Trail, NC 28079



2017 Winter Classic Wheelchair Basketball Tournament Concord, NC November 4th-5th, 2017

Team Contact Information and Roster

Please send to miketeamship@gmail.com no later than October 8, 2017

Team Name: _____ Head Coach: _____
 Team Contact: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone (day): _____
 Phone (evening): _____ Email: _____

Player Name	Jersey #	Hometown	Shirt Size
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
Coaches		Hometown	Shirt Size
Total Shirts by size:	Youth: ____-Med ____-Large ____	Total Shirts ____	
Total Shirts by size:	Adult: ____-Sm ____-Med ____-Lg ____-XL ____-2X		

Participant Waiver for Charlotte Rollin' Hornets Wheelchair Basketball Tournament: Nov 4-5, 2017

In consideration of being allowed to participate in the Charlotte Rollin' Hornets Wheelchair Basketball Tournament, related events, and activities, the undersigned acknowledges and agrees as follows: I hereby agree to indemnify and hold Abilities Unlimited of the Carolinas, Inc., BridgeISports, Porter Ridge High School, Porter Ridge Middle School and Union County Public Schools harmless, release Abilities Unlimited of the Carolinas, Inc., BridgeISports, Porter Ridge High School, Porter Ridge Middle School and Union County Public Schools from any and all liability for any injury which may be suffered. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY

In the event that I am unable to do so because of an injury or illness, I hereby consent to the administration of first aid or other medical treatment. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment. I understand that all participants in the Events are required to have their own medical insurance coverage, and that neither Abilities Unlimited of the Carolinas, Inc., BridgeIIISports, Porter Ridge High School, Porter Ridge Middle School and /or Union County Public Schools or any other sponsoring entity provide such coverage.

I understand that Abilities Unlimited of the Carolinas, Inc., BridgeISports, Porter Ridge High School, Porter Ridge Middle School and Union County Public Schools may photograph or videotape the events or activities in which I am (or my child is) participating. I give my permission for Abilities Unlimited of the Carolinas, Inc., BridgeISports, Porter Ridge High School, Porter Ridge Middle School and Union County Public Schools to use photographs or videotape of me (or my child) for the purpose of promoting Abilities Unlimited of the Carolinas, Inc., BridgeISports, Porter Ridge High School, Porter Ridge Middle School and Union County Public Schools and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future.

I HAVE READ THIS RELEASE OF LIABILITY OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Team Name: _____

[illegible]