

Winter Sports Fest 2019

Need 2 Know Packet



Date: January 19th, 2019 (Games Begin at 9:00am)

Location: Sylvester Middle School 16222 Sylvester Road SW Burien, WA 98166

Event Chairman: SJC Winter Johnson - wjohnson@wademolay.org

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Schedule of Events

Saturday, January 19th

- 8:30 am Team Registration
- 8:30 am Gather Your Athletes Team Warm Up's
- 8:40 am Orientation
- 9:00 am X-Games Begin
- 11:00 am Lunch (Not Provided)
- 12:00 pm Friendly Match Bump Tournament
- 12:20 pm Re-Orientation
- 12:30 pm Games Resume
- 3:00 pm The Podium Awaits Playoffs
- 4:00 pm WSF Championship
- 5:00 pm Closing Ceremony! Dinner and Awards
- 6:00 pm Head Home



Important Information

Winter Sports Fest 2019 will be better than ever!

Here's why: we listened to what the reviews wanted, and we are doing it! We are bringing the popular sport soccer to this Sports Fest, and by your vote, we are bringing back your favorites by playing 3 on 3 basketball, Gatorball, volleyball, and dodgeball!



Winter Sports Fest is a sporting event where teams play a series of fun and sometimes whacky sporting events. A team can be made up of 6 members from a single Chapter or group or may include members from combined Chapters / groups. You can have more players, but teams cannot have less. If a team is made up of combined Chapters, the members must decide how the Team Fee is being split. If you do not have enough players to make a team, we can help you find a team.

This year, teams will compete in Volleyball, Dodgeball, Gatorball, Soccer and 3-on-3 Basketball. Please note that a completed 2019 Medical release form is required for all players and can be found at the back of this packet or on www.wademolay.org.

The Registration Deadline is January 9th

Cost:

- DeMolay, Youth Guests, and Prospects - \$24
- Adults - \$18
- Team Fee - \$40 (in addition to individual registrations)
- Concession Stand is Available for purchase of Food and Refreshments on site

What to Bring to Winter Sports Fest 2019!

- Regulation Volleyballs / Basketballs / Soccerballs for Practice
- Money for Concessions
- Team Uniforms, Jerseys or something to match
- Lots of WATER
- Team Spirit and Enthusiasm!
- Sports Gear and Court Shoes
- **DUE AT** check-in, each team **MUST** have its team roster completed
- Every team, whether they be a Chapter, Bethel or Assembly, needs to bring their own Advisors to chaperone their youth.
- Complete Medical Release Forms **BEFORE** arriving for every youth in attendance.



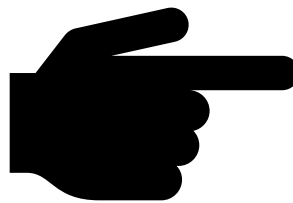
What Not to Bring to Winter Sports Fest 2019!

- Snowboard
- Large Amounts of Cash
- Unnecessary Electronics
- Weapons of Any Sorts
- Cleats
- Drugs and Alcohol
- Snowmobile



SPORTS RULES

The Washington DeMolay Sports Rules may be viewed on the Washington DeMolay Website by searching for Sports Rules. Additionally, you can scan this QR Code to be taken there directly!

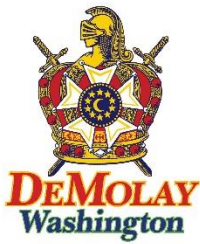


Directions to Sylvester M.S.

16222 Sylvester Road Southwest Burien, WA 98166

- Take out phone with installed *GPS*
- Scan QR Code or enter address in Map App
- Arrive at destination.





Washington DeMolay
1111 A Street, Suite 1919
Tacoma, WA 98402
253-380-8193
office@wademolay.org

2019

Parental Consent/Medical Release

Chapter

Youth Name

I, the undersigned parent or legal guardian of the above named youth, do hereby give my consent and permission for him/her to participate in activities of the above named Chapter, Order of DeMolay, or the activities and events of Washington DeMolay, and activities and events of DeMolay International.

I hereby give specific consent for the above named youth to participate in all activity (ies) of the above named Chapter, Order of DeMolay.

In case of accident or illness, I give my permission for any DeMolay Advisor to seek medical attention deemed necessary at the time, for my son/daughter. I hereby authorize any adult DeMolay Advisor present to seek and secure, and any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary in their opinion, including, but not limited to, hospitalization, injections, anesthesia, surgery, x-ray, blood and medications. I acknowledge that neither DeMolay International nor Washington DeMolay nor the above named Chapter maintain any medical insurance and that I will be responsible for all medical costs. I will indemnify and hold DeMolay International, Washington DeMolay and the above named Chapter harmless for the costs of medical care regardless of whether such care may later be considered unnecessary. I have completed the information below, and realize it will be used only as outlined above. I understand that every reasonable effort will be made to contact me prior to treatment. In the case of an emergency and I cannot be reached, I authorize the following named person to act on my behalf:

Name

Relationship

Phone

I further agree to release and hold harmless the above named Chapter, DeMolay International and Washington DeMolay and it's agents from any and all claims or causes of action which may arise out of my son's/daughter's travel to and from, participation in and attendance at any planned event or function. He/She may participate in all activities except:

(List Exception)

I or my son/daughter understand that while on the way to, in attendance at, or returning from any DeMolay function or event, I/we are obligated to follow the rules and guidelines of DeMolay International, Washington DeMolay and the above named Chapter as well as my obligations as a DeMolay, Sorority member, parent or guest of a DeMolay or Sorority member. The possession or use of alcohol, tobacco or non-prescription drugs is strictly prohibited. If, in the opinion of a DeMolay Advisor, myself, my son or daughter is in violation of any of the rules and guidelines stated or implied above, I or my son or daughter will be sent home at my own expense with a forfeiture of any fees. A complete report will be provided to the Executive Officer for possible action(s) in addition to those taken by the Chapter Advisory Council. I understand that permission expires **12/31/2019** and must be renewed annually. **A photocopy or electronic scan of this release has the same force and effect as the original.**

Parent Signature _____

Date _____

PLEASE COMPLETE THE FOLLOWING BY PRINTING THE ANSWERS CLEARLY:

Youth Name

Parent/Guardian

Address

Address

City

City

State

Zip Code

State

Zip Code

Phone

Cell

Phone

Cell/Work

Youth's Doctor

Doctor's Phone

Allergies to Medicine

Prescriptions Now Taking

Insurance Carrier

Policy Number