

## 2020 GOLDEN BEAR INDOOR LACROSSE TOURNAMENT

**When:** Saturday, January 25th

Registration starts at 8:15AM

Games start at 9:00AM and run throughout the day

**Where:** O'Pake Field House, Kutztown University 15200 Kutztown Rd, Kutztown  
PA 19350

**Individual Price:** \$60.00

**Team Price:** \$350.00 per team

Multiple team discount available - \$300.00

Minimum 7 field players and a goalie

Maximum 12 players

**Description:** (3) 20-minute games guaranteed, (2) 18-minute halves with a 1-minute half time

Pool Play in the Morning with a Championship Bracket Format to follow.

College Players will escort teams to and from games

Stickwork clinics run throughout the day

Certified Athletic Trainer onsite

Certified PIAA officials

Goggle, Mouthguards, SNEAKERS. **No cleats or turfs** are permitted on the indoor floor

**Deadlines:** Registration closes on January 20th

Schedules will be sent to all coaches on January 22nd to distribute to teams.

Must have a waiver to participate

**Questions/ Concerns:** Please reach out to Katie Lasater at

[lasater@kutztown.edu](mailto:lasater@kutztown.edu)

Please mail paper registrations to

Attn: Women's Lacrosse

15200 Kutztown Rd Kutztown, PA 19530

**Register online at:** <https://camperregsecure.com/kutztownsportsamps/login.php>

# Kutztown University Women's Lacrosse Indoor 6v6 Rules

Saturday, January 25<sup>th</sup>

## Overview:

Check in will begin promptly at 8:15  
Games will begin at 9:00  
Games will be 20 minutes in length. Two 18-minute halves with a 1 half time.  
Members of the women's lacrosse team will be paired with high school teams  
Championship Bracket format  
Stickwork clinics will be run throughout the day  
Certified PIAA Officials  
Certified Athletic Trainer on site  
Concessions and KU lacrosse gear will be available for CASH purchases only

## Rules:

**Registered Teams are required to wear a matching color!**

Games will be run on a central horn. No timeouts, clock will run for injury timeouts

6v6 Format – 5 field players and a goalie

Each game and second half will begin with a draw control

After every goal, the goalie will clear the ball

**2020 US Lacrosse Women's Rules will be used**

**Games that end in a tie will go to a Braveheart.** 1 center and 1 goalie from each team will be used. Play will start with a center draw and will play out until one team scores.

Score will be kept by KU team members

**2020 GOLDEN BEAR INDOOR LACROSSE TOURNAMENT**

**Registration Form**

**NAME OF TEAM:** \_\_\_\_\_

**COACH:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ROSTER:**

- |          |           |
|----------|-----------|
| 1. _____ | 7. _____  |
| 2. _____ | 8. _____  |
| 3. _____ | 9. _____  |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

**Team Price: \$350.00      Multiple Team Price 300.00      Individual Price 60.00**

**Pick One:    Team                      Multiple Team                      Individual**

**RETURN WITH CHECK PAYABLE TO: KU WOMEN'S LACROSSE SEND TO:**

KATIE LASATER  
WOMEN'S LACROSSE  
15200 KUTZTOWN RD KUTZTOWN, PA 19530

**Please make sure each team member fills out the waiver that is attached as well.**

# KUTZTOWN ATHLETICS

**THIS FORM IS TO BE COMPLETED BY PARTICIPANTS ATTENDING ANY KUTZTOWN UNIVERSITY SPONSORED CAMP/CONFERENCE/CLINIC/EVENT.**

I, \_\_\_\_\_, desire to participate in \_\_\_\_\_  
(Participant Name) (Name of Summer Camp or Conference Event)

at Kutztown University on \_\_\_\_\_.  
(Date of Event)

### **Informed Consent Release and Express Assumption of Risk:**

I realize injuries can be a consequence of participation in this activity and no amount of reasonable supervision or use of facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume (on behalf of my child if participant is a minor) all risk of possible death, harm or injury. I understand and appreciate that such injury could also include, without limitation, serious or permanent injuries to all bodily organs and functions. I am aware of the risk of participation in this designated activity. I have carefully considered how the possible consequences of injury may impact my life (or my child's life), and I choose to accept the risk involved (and allow him/her, if minor child) to participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Kutztown University, Pennsylvania's State System of Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, or pertaining or related to, arising from, in any manner, injuries to myself (my child) as a result of my (his/her) participation in this activity.

### **Health History/Medical Treatment:**

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the conference named above. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of the above conference, I hereby authorize the conference staff and the Kutztown University Health Center to obtain or provide medical treatment for my son/daughter for such injury or illness during the conference, and I hereby hold the University, as well as its representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while at a conference at Kutztown University. If this occurs, I hereby authorize conference staff and Kutztown University Health Center and Kutztown University representatives to refer my son/daughter to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the conference.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release Kutztown University Foundation and its representatives and Kutztown University and its representatives from any claims for personal illness or injury that my son/daughter may sustain during the conference. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the conference named above or of Kutztown University.

Operations or serious injury (dates): \_\_\_\_\_

Disability or chronic recurring illness: \_\_\_\_\_

Dietary modifications: \_\_\_\_\_

Current medication taking: \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_ Carrier # \_\_\_\_\_

### **Photography/Video Release**

The person(s) whose signature appears below agrees to allow his or her child's photograph(s)/video to be taken and used without monetary compensation for purposes related to publicity and promotion at Kutztown University. The means may include promotional materials, advertisements/publication in newspapers, and publication by electronic means. The photos will be taken solely for university publications, publicity and promotion related to university programs, and KU agrees that it will not distribute the photographs to third parties for any other purposes.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date