



## USPSA Referee Clinic

### 2010 *PowerBlast* Power Soccer Tournament



- Who:** Individuals interested in becoming United States Power Soccer Association (USPSA) certified referees for the sport of power soccer. Experience with the sport of power soccer is recommended but not mandatory. Referee experience is a plus.
- What:** USPSA Referee Clinic hosted by head referee, Dan Chafey including 2 hours of classroom training and 1.5 hours of scrimmage training. Light snacks and water provided by Arizona Disabled Sports. Attendees are expected to continue their training at the 2010 *PowerBlast* Power Soccer Tournament on Friday, January 22<sup>nd</sup> and Saturday, January 23<sup>rd</sup> at the ASU Student Recreation Complex and the ASU PE West Gymnasium. Dinner will be provided for the individuals scheduled to referee on Friday evening.
- Where:** ASU Student Recreation Complex  
400 E. Apache Blvd, Tempe, AZ 85281  
(corner of Apache Blvd and Normal Avenue)
- When:** Friday, January 22<sup>nd</sup>, 2010 from 12:00PM - 4:15PM  
Competition scheduled for Friday, January 22<sup>nd</sup> from 6:00PM-9:00PM and Saturday, January 23<sup>rd</sup> from 8:00AM-7:00PM (Sunday, January 24<sup>th</sup> from 8:00AM-12:00PM is tentative).
- Why:** Arizona Disabled Sports is recruiting individuals to become trained referees for the local power soccer tournaments. Referees may also be recruited for regional and national power soccer tournaments but involvement is not mandatory for those events.
- Fees:** The referee clinic is FREE to all registered participants! Candidates are encouraged to purchase the beginner package for referees from Score or OSI which includes the proper uniform. Referees will be provided with yellow and red cards, a watch, whistle and flags for the competition.

### USPSA Referee Clinic Registration Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Level of involvement with power soccer (please circle one):

Athlete Coach Line Judge Volunteer Referee Other \_\_\_\_\_

Please check the dates and times that you will be available for the 2010 *PowerBlast* Tournament:

- Friday, January 22<sup>nd</sup> 6:00PM-9:00PM
- Saturday, January 23<sup>rd</sup> 8:00AM-1:00PM
- Saturday, January 23<sup>rd</sup> 1:00PM-7:00PM
- Sunday, January 24<sup>th</sup> 8:00AM-12:00PM

Please submit the registration form and signed "DS/USA Insurance Waiver & Release of Liability" to:  
AzDS; Attn: 2010 PowerBlast Referee Clinic; 59 E. Broadway Road, Mesa, AZ 85210  
Contact Lane Jeppesen at 480-835-6273 / lane@mesadisabledsports.com

**DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM**

Please note: there are two places on this sheet that require a signature

**DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM**

In consideration of being allowed to participate in any way in DISABLED SPORTS USA's and ARIZONA DISABLED SPORTS' programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA and ARIZONA DISABLED SPORTS of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

X \_\_\_\_\_

**Participant's Name (PLEASE PRINT CLEARLY)**

**Signature**

**Date**

**FOR PARTICIPANTS UNDER THE AGE OF 18**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X \_\_\_\_\_

**Parent's Signature & Emergency Phone**

**Name & Date (PLEASE PRINT CLEARLY)**

**MEDIA RELEASE FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
**(PLEASE PRINT CLEARLY)**

**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this DS/USA event. I further agree that DS/USA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X \_\_\_\_\_

**Signature of Participant/Guardian**

**Date**