

SpikeBall Tournament Written Plan

Ryan Agresti Fundraiser Coordinator and Director

- **Purpose of the event**
 - To Fundraise to help DECA participants afford the state/ICDC
- **Who can participate**
 - 14 years+
- **Estimated number of teams**
 - 50 - 72 teams
- **Date and length of the tournament**
 - March 8th 5PM-9PM 3 hours 30 minutes
- **Location**
 - Miller Activity Complex
- **Tournament format**
 - Swiss style (Winner gets 25% off concession)
- **Rules for forfeits and late teams**
- **Equipment needed**
 - Have we checked with CVHS about borrowing nets?
- **Rules of play**
 - Normal Rulings
- **Game schedule**
 - 6 Total refs, 3 active at a time
 - Active refs keep track of which teams win and report that to score keepers
 - While 1 Ref is reporting scores another ref goes in
- **Registration process**
 - Through app
- **Communication & marketing plan**
 - Do we have time to add in marketing on the bottle regarding the YC or the Rising Star Scholarship?
- **Staffing needs, including:**
 - Tournament Director
 - Check-in / Scorekeeper
 - Float Monitor (rules & timekeeping)
 - Volunteers
- **Do you want concessions?**
 - Maybe keep them simple
- **Fun stuff like Music**
 - We will cover speakers and music

Town of Castle Rock Parks & Recreation Program Waiver

As the primary participant or guardian of the program participant, by signing below you agree you have read and understand the following terms and conditions.

You agree to follow and abide by the policies, procedures, rules, regulations and safety guidelines, whether written or verbal, of the Town of Castle Rock Parks and Recreation Department (the “Town”). You further agree to adhere to all rules and regulations from the Douglas County Board of Health, the State of Colorado, and any other applicable laws at the federal, state, or local level. You have read and fully understand and agree with the terms and conditions set forth herein. You agree and acknowledge that the Town is not liable for theft, or loss of or damage to property. You agree and acknowledge that participation in the activities made available at the Town recreation facilities and venues may come with a risk of illness or personal injury and or property damage for which you assume full responsibility and any risk for yourself and, if applicable, your children, resulting from or arising out of the use of the facilities/venues and equipment. The Town recreation facilities and venues are public spaces, and therefore, consent to use passive photos and/or recordings is assumed upon entering these public spaces. As a courtesy, participants may be consulted before being photographed and/or recorded. If you do not wish to be photographed or recorded, you must notify a Town supervisor. If you are solicited by a Town staff for a photograph and/or recording that is intended for Town materials (e.g., monthly reports, advertisements, brochures, the recreation guide, electronic newsletters, etc.) for internal and external audiences, you may be asked to complete a Town of Castle Rock Photograph and Video Release Form.

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TOWN OF CASTLE ROCK MEDICATION POSSESSION AND SELF-ADMINISTRATION WAIVER FOR NON-LICENSED STATE PROGRAMS OR CAMPS

As a condition of the Town’s agreement to allow children enrolled in the Town’s non-licensed state programs or camps (“Participant(s)”) to carry and self-administer medication, the following requirements must be met:

- 1. The medication must be prescribed by a licensed healthcare provider with prescriptive authority;**
- 2. The medication must be provided by the Participant’s parent or legal guardian;**
- 3. The medication must be in the original pharmacy-labeled container, which must clearly state the following:**
 - 1. The Participant’s full name;**
 - 2. The name of the medication;**
 - 3. The prescribed dosage;**
 - 4. The number of doses per day and/or the specific time(s) the medication is to be taken; and**

5. The date when the medication should be discontinued (if applicable).

The Town further requires that any child authorized to self-administer medication to keep their medication in a secure and accessible location, such as a backpack or a zipped pocket. The Town will not store medication on behalf of any Participant, nor will it administer medication to any child enrolled in the Town's non-licensed state programs or camps. It is understood that the Participant is permitted to carry and self-administer medication solely as an accommodation to the undersigned parent(s) or guardian(s) (the "Undersigned").

The Undersigned further agrees to the following conditions regarding the Participant's self-administration of medication:

1. It is the responsibility of the Undersigned to regularly review the healthcare provider's orders and instructions related to the Participant's medication;
2. If the Participant fails to comply with the terms of this waiver, the Town may, in its sole discretion, prohibit the Participant from bringing medication to future classes or programs;
3. The Participant will promptly notify the program instructor if they self-administer their medication in response to an emergency situation during the program or class; and
4. The Participant will not allow any other student to administer, handle, or use the medication. The Undersigned understand that any such action may result in the removal and disenrollment of the Participant from the program.

The Undersigned hereby acknowledge that they have consulted with the Participant's licensed healthcare practitioner regarding the Participant's possession and self-administration of medication while attending a Town program or camp. By signing this waiver, the Undersigned certify that the healthcare professional has determined that: (1) the Participant is able to identify their correct medication; (2) the Participant can demonstrate proper self-administration of the medication; and (3) the Participant has knowledge of the required dosage and timing/frequency of the use of the medication.

The Undersigned further affirm that the Participant has been instructed in the purpose, appropriate method, and frequency of use of the medication and is capable of self-administering the medication without assistance.

The Undersigned agrees to indemnify and hold harmless the Town, its officers, employees, elected officials, agents, assistants, volunteers, consultants and representatives, from any loss, damage or injury that may result from Participant's possession or self-administration of the medication. This release of liability and indemnity applies equally to any losses, damages or injuries caused, or alleged to be caused, in whole or in part, by the negligence of the Town.

The Undersigned further agrees to release, waive and discharge, and agrees not to sue the Town for any claims, demands or actions whatsoever arising out of any damage, loss or injury incurred by the Participant as a result of their possession or self-administration of the medication. This release of liability and indemnity applies to the Participant and extends to the Participant's personal representatives, assigns, heirs and next of kin.

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