

“Reno Rumble” Quad Rugby Tournament

Dear Team Representative,

The Nevada Bighorns, San Jose Quake, and the City of Reno will be hosting the “Reno Rumble” Quad Rugby Tournament on February 23-25, 2007. Tournament location will be at the Neil Road Recreation Center at 3925 Neil Road, Reno, NV (775-689-8484).

Competition Format: Div. I & II, developmental teams welcome – 6 TEAM ROUND
ROBIN

Registration Fee: There will be a \$400 entry fee for each team. Entries will be confirmed upon receipt of entry fee and completed roster.

Registration Deadline: Registration forms and fees are due no later than February 2nd, 2007 or until schedule is full (first come, first served). Please send check and forms to:

SCAA
Attn: Gary Mokuau
P.O. Box 34538
Reno, NV 89533

Please make checks payable to: SCAA

Transportation: Airport shuttle is provided by the Host Hotel (Grand Sierra Resort and Casino) only. Teams not staying at host hotel will need to provide own transportation. Nevada Bighorns will provide a gym/hotel shuttle to run as needed by individual teams’ game schedule. We will provide transportation for those filling out transportation requests. Please submit all information no later than February 2nd, 2007.

Rules: www.USQRA.com



“Reno Rumble”

Host Hotel: Grand Sierra Resort and Casino, 2500 E. 2nd Street, Reno, NV
Reservation Line: (888) 736-6472
When making your room reservations you will need to identify yourself as member of the **“Reno Rumble Wheelchair Rugby Tournament”**. You may also request your airport shuttle at this time.

Hotel reservation deadline is – February 9th, 2006.

Lodging: Hotel room blocks have been made at the above hotel with a nightly room rate of \$135 per night.

Meals: There will be limited snacks and drinks during the tourney and sandwiches served for lunch each day.

Officials: United States Quad Rugby Association certified officials will be used.

Schedule: See attached

Awards: 1st, 2nd, and 3rd place (individual and team awards); MVP, Sportsmanship & All tourney team

Wheelchair Storage: On-site. Each team will receive a designated area for storage.

If you and your team have any questions, please call Benjamin Andersen at (701) 371-8071 (bandersen@kwaconstructors.com) or Gary Mokuau at (775) 846-5472 (mokuaug@gmail.com)



Athlete Information

First Name _____ Middle Initial ____ Last Name _____

DOB (M/D/Y) _____ Age _____ Sex ____ Male ____ Female

Address _____

City _____ State _____ Zip Code _____ Country _____

Telephone Number _____ email _____

Emergency Contact: Name _____ Relation _____

Emergency Contact Phone: _____

Disability/ Diagnosis: _____

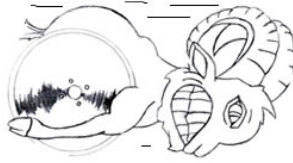
Onset of Disability/ Diagnosis (M/D/Y): _____

Audio Visual/ Publicity Consent: Throughout the year the Nevada Bighorns and the City of Reno is asked to take part in local publicity releases by way of pictures, newspaper articles, and radio and television time. If you DO, or DO NOT want your name or picture to be used in such publicity releases, please indicate your desire below.

_____ I have NO OBJECTION to my name and/ or picture being used in connection with the Nevada Bighorns and the City of Reno Adaptive Programs.

_____ I OBJECT to my name and/ or picture being used in connection with the Nevada Bighorns and the City of Reno Adaptive Programs.

Consent for Emergency Treatment: I hereby give permission to receive emergency treatment in the event that I sustain such an injury. I understand that that I may be examined and treated for emergency injuries by health care personnel, including examinations at medical facilities. In doing so, I hereby release the Nevada Bighorns and the City of Reno, it's agents, employees and volunteers from all actions, causes of actions, damages, claims, suits that may result from such examination and/ or treatment.
(initial) _____



Athlete Information Continued....

Release and Indemnification: I hereby and forever waive and release the Nevada Bighorns and the City of Reno, and all their respective officers, employees, agents or representatives from any and all liability for personal injuries, or damages, sustained, incurred arising from, or connected with the "Reno Rumble" Quad Rugby Tournament.
(initial) _____

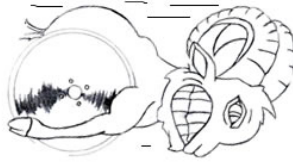
I have read and understood the above form. Any questions that I had were answered to my full satisfaction.

Athlete Signature

Date

Return to:

SCAA
Attn: Gary Mokuau
P.O. Box 34538
Reno, NV 89533



Nevada Bighorns
 “Reno Rumble”
 Quad Rugby Tournament

Schedule

Teams

1. _____ 2. _____
 3. _____ 4. _____
 5. _____ 6. _____

Friday, February 23rd		Score
1:00pm	2 vs. 6	
2:30pm	3 vs. 5	
4:00pm	1 vs. 4	
5:30pm	3 vs. 6	
7:00pm	1 vs. 5	
8:30pm	2 vs. 4	
Saturday, February 24th		
8:00am	1 vs. 6	
9:30am	4 vs. 5	
11:00pm	2 vs. 3	
12:30pm	4 vs. 6	
2:00pm	2 vs. 5	
3:30pm	1 vs. 3	
5:00pm	5 vs. 6	
6:30pm	3 vs. 4	
8:00pm	1 vs. 2	
Sunday, February 25th		
8:00am	3 rd vs. 4 th	
9:30am	1 st vs. 2 nd	
Awards	11:00am	



Team Information

Team Name: _____

Team Colors: _____

Team Contact: _____

Phone: (day) _____ (night) _____ (fax) _____

Address: _____

Email: _____ Fax: _____

Number of people traveling: _____

Number of wheelchairs: (everyday) _____ (rugby) _____

Driving or Flying: _____

Will your team require hotel to venue transportation: Yes _____ No _____

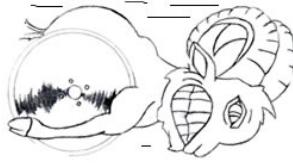
Flight Information

Arrival:

Flight #: _____ Airline: _____ Date: _____ Time: _____

Departure:

Flight #: _____ Airline: _____ Date: _____ Time: _____



Team Information Continued

Team Roster

Player Name	Class	Number

Coaches	T-shirt Size	Support Staff

Return to:

SCAA
Attn: Gary Mokuau
P.O. Box 34538
Reno, NV 89533