



Inaugural  
City of Las Vegas

## “Summer Slaughter” Quad Rugby Tournament

Dear Team Representative,

The City of Las Vegas Adaptive Recreation Division and BlazeSports Las Vegas will host the Inaugural “Summer Slaughter” Quad Rugby Tournament on June 29 – July 2007. Tournament location will be at the Chuck Minker Sports Complex, 275 N. Mojave Rd, LV, NV, 89101

Competition Format: Open – 4 TEAM ROUND ROBIN

Registration Fee: There will be a \$300.00 entry fee for each team or \$25 for individuals to be paired with a team. Entries will be confirmed upon receipt of entry fee and completed roster.

Registration Deadline: Registration forms and fees are due no later than June 15, 2007 or until schedule is full (first come, first served). Please send check and forms to:

Robert Murray  
City of Las Vegas  
Adaptive Recreation Division  
749 Veterans Memorial Dr  
Las Vegas, NV 89101

Please make checks payable to: **City of Las Vegas**

Transportation: Airport shuttle service will be provided to those teams flying into the Las Vegas McCarran International Airport, to the host hotels only. Teams not staying at host hotels will need to provide own transportation. City of Las Vegas Adaptive Recreation Division 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 June 15, 2007.**

Rules: [www.USQRA.com](http://www.USQRA.com)



## “Summer Slaughter”

- Host Hotel:** Room blocks have been reserved at the following hotels: Four Queens & Fitzgeralds. When making your room reservations you will need to identify yourself as member of the “**City of Las Vegas Quad Rugby Tournament**”. Reservations may be made at the following numbers:
- Four Queens Hotel & Casino: (800) 634-6045
- Hotel reservation deadline is – May 29, 2007
- The Fitzgeralds Hotel & Casino: (800) 274-5825
- Hotel reservation deadline is – May 29, 2007
- Lodging:** Hotel room blocks have been made at the above hotel’s with a nightly room rate of \$69.00 per night.
- Meals:** There will be limited snacks and drinks available during the tourney. Lunch will be provided on each day of play by “Team R.A.G.E.” (Rebuilding All Goals Efficiently).
- Officials:** United States Quad Rugby Association certified officials will be used.
- Schedule:** See attached
- Awards:** 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place (individual and team awards); MVP, Sportsmanship & All tourney team
- Apparel:** On sale at tournament.
- Trainer/ Physician:** On site
- Classifier:** TBA
- Wheelchair Repair:** On-site during the event. Provided by “Better Life Mobility”
- Water:** Water will be provided by “WS&S Medical”
- Wheelchair Storage:** On-site. Each team will receive a designated area for storage.

If you and your team have any questions, please call Bob Murray at (702) 229-4903 or email at [bmurray@lasvegasnevada.gov](mailto:bmurray@lasvegasnevada.gov).



## 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 City of Las Vegas Adaptive Recreation Division 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 City of Las Vegas publicity for Adaptive Recreation Division Programs.

\_\_\_\_\_ I OBJECT to my name and/ or picture being used in connection with the City of Las Vegas publicity for Adaptive Recreation Division 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 City of Las Vegas, 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 Las Vegas Department of Leisure Services, the Adaptive Recreation Division, and the City of Las Vegas, 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 “Summer Slaughter” 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:

Robert Murray  
749 Veterans Memorial Dr.  
Las Vegas, NV 89101



Inaugural  
 City of Las Vegas  
 Adaptive Recreation Division  
 "Summer Slaughter"  
 Quad Rugby Tournament

Schedule

Teams

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

Friday, June 29th		Score
7:00pm	Welcome Social Site TBA	
Saturday, June 30th		
9:00am	1 vs. 2	
10:30am	3 vs. 4	
12:00pm	1 vs. 4	
1:30pm	2 vs. 3	
3:30pm	2 vs. 4	
5:00pm	3 vs. 1	
Sunday, July 1st		
10:00am	3 <sup>rd</sup> Place Game	
11:30am	Championship Game	
1:00pm	Lunch and Awards	



## “Summer Slaughter”

### 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	T-shirt Size

Coaches	T-shirt Size	Support Staff	T-shirt Size

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