



***WE R 1 TRIBE***



**Laxin4Tony Info Pac - Mini Jam**

Saturday, June 4, 2016

Rippowam Cisqua School

ALL PROCEEDS BENEFIT TONY CICCONE!



## General Information

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What: Laxin4Tony Lacrosse Mini Jamboree  
When: Saturday, June 4, 2016  
Time: 9:30am - 4:00pm  
Where: Rippowam Cisqua School (Upper Campus)  
Why: Proceeds benefit Tony Ciccone

### TOURNAMENT HIGHLIGHTS:

- All teams are guaranteed 4 games
- Raffles

### TOURNAMENT RULES:

- 7 vs 7 (2A, 3M, 2D)
- no goalies
- 20 min running time games, no overtime
- Subbing on the fly
- Two “attempted” passes from the “midline” (middle of the field) before a team can shoot the ball
- Only 5 players in the offensive zone at a time...2 defense players must stay behind mid-line
- only 5 players in the defensive zone at a time...2 offense players must stay behind mid-line
- Please do not run up the score more that 4 differential please work on passing!

### REGISTRATION/ADMIN:

- Please register at least 30 minutes before the start of your first game
- **Please complete team rosters and hand in on-site (if not already completed online)**
- **Have each player’s parent sign the waiver and release form (we will cross-reference the roster with the waivers on-site)**

### FOOD & BEVERAGE - Reasonable Prices!

No need to pack a lunch! We will have plenty of food and bevys to include; burgers, grilled chicken sandwiches, hotdogs, salads, chips, water, sports drinks, fruit, baked desserts, etc.

BREAKFAST! Muffins, bagels, and COFFEE.

**No Barbeques On-Site!**

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## General Information - Donations

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### DONATIONS

For more information on Tony Ciccone, please visit [www.laxin4tony.org](http://www.laxin4tony.org) and place your cursor over About Tony. We have a section dedicated to Tony.

You can make a tax-deductible contribution by visiting [www.helphopelive.org](http://www.helphopelive.org) and entering Tony Ciccone in the "Find a Patient" section on the HelpHOPELive homepage.

Or

Make checks payable to: HelpHOPELive  
Note in memo section: In Honor of Tony Ciccone

Mail to:  
HelpHOPELive  
150 N. Radnor Chester Road, Suite F-120  
Radnor, PA 19087

For secure credit card donations:

Call 800-642-8399 or go to [www.HelpHOPElive.org](http://www.HelpHOPElive.org) and enter Tony Ciccone in the "Find A Patient" box.

All donations are tax-deductible and are administered by HelpHOPELive for injury-related expenses only.

Thank You For Your Generous Donation!

### MISCELLANEOUS

For more event information, please visit: [www.laxin4tony.org](http://www.laxin4tony.org) If you have any other questions, please call:

Jon Kayser  
c: (914) 907-0407  
General event questions

### THANKS

Special Thanks to all our partners at Pepsi Cola of Hudson Valley, Linden Cookies, lax.com, Cortlandt Healthcare, and No Limit Lacrosse for their generosity and support.

Also, this would not be possible without the support of our volunteer group to include referees, parents..and the Fox Lane School District, Rippowam Cisqua & The Harvey School.

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**Laxin4Tony Schedule**  
**Saturday, June 5, 2016**

## **Rippowam Cisqua School (Upper Campus):**

<b>Time</b>	<b>Grade</b>	<b>Division</b>
9:30AM - 11:45AM	1st & 2nd combined	Girls
1:30PM - 3:45PM	1st & 2nd combined	Boys

For specific breakdown of game schedules for all teams go to:

<http://www.laxin4tony.org/1st2nd-jamboree/schedule-mini-jam/>

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## Laxin4Tony T-Shirts

There will be a limited number of custom made Laxin4Tony event t-shirts produced and sold on-site.

ALL PROCEEDS GO TO TONY CICCONE!  
T-shirts - \$25



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**Rippowam Cisqua School**  
Map & Directions  
320 S Bedford Rd, Bedford, NY 10506



**From the North:**

Take I-684 south to EXIT 6. At top of the ramp...Turn LEFT (toward Cross River/Ridgefield) onto RT. 35 (Cross River Road). About 1/4 mile at traffic light, turn RIGHT onto Jay Street (RT. 22). Follow approximately 3.5 miles and the school is on your right. Turn right on to Clinton Road.

**From the South:**

Take I-684 North, take Exit 4/Route 172. Turn east on Route 172 and travel 1.6 miles to Route 22. Turn left/north on Route 22. Travel approximately 2 miles on Route 22 north to the school. The school is approximately 1 mile north of the Village of Bedford. The school is on the left. Turn left on to Clinton Road.

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## Team Roster Form

Team: \_\_\_\_\_ Coach Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

	First Name	Last Name
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**WAIVER AND RELEASE BY PARENT OF MINOR CHILD FROM LIABILITY**

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, (hereinafter referred to as "CHILD")  
HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge Fox Lane Youth Lacrosse (FLYL), Bedford School District, Fox Lane High School, The Harvey School, Rippowam Cisqua School, and its agents, managers, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or CHILD ever had or may have, arising from or in any way related to CHILD'S participation in any of the events or activities conducted by, on the premises of, or for the benefit of, FLYL provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities that said CHILD would participate in are inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, CHILD, my heirs, assigns and next of kin, I and said CHILD waive all claims for damages, injuries and death sustained to me or my property, that I or said CHILD may have against the aforementioned released party to such activity. CHILD has the necessary and requisite skills to participate in all facets of, and activities of and requested of this club, except as noted below. The nature of the activities has been fully disclosed and any flyer, advertisement, or brochure relating to the participating activities is expressly made a part of this WAIVER AND RELEASE. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately exercise my parental/guardianship rights and discontinue further participation by said CHILD in the activity.

By this Waiver, I, on behalf of said CHILD, assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with FLYL or Fox Lane High School including but not limited to receiving lacrosse lessons at the facility/club/courts, using the facility/club/courts and its equipment in any manner, form or fashion, and practicing and/or engaging in lacrosse activities, round robins, ladders, leagues, tournaments, drills or other related activities on and off the premises.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of, FLYL whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE said CHILD and I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

Medical Conditions. CHILD is subject to the following allergies or medical conditions, and I authorize the facility to disclose these conditions to a physician or other medical professional in the event said CHILD should require emergency medical care:

\_\_\_\_\_  
\_\_\_\_\_

Prohibited Activities. As a result of the above-mentioned medical conditions, I, on behalf of said CHILD, am prohibiting involvements in the following specific activities:

\_\_\_\_\_  
\_\_\_\_\_

Printed Name of CHILD: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Printed Name of Parent (Guardian): \_\_\_\_\_

Signature of Parent (Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

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## **WE WOULD LIKE TO THANK**

Pepsi Cola of the Hudson Valley

Cortlandt Healthcare

lax.com

Miller Lacrosse

X10 Lacrosse

Linden Cookies

Special Thanks To

All the Officials who donate their time

All the Volunteers

Fox Lane School District

Harvey School

And

All The Teams and Coaches

Who Support Laxin4Tony each year...



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