

The Baltimore Field Hockey Association (BFHA) presents
2016 Adult Indoor Field Hockey Tourney
January 31, 2016 @ CCBC – Essex Campus - Baltimore, MD

LOCATION: Community Colleges of Baltimore County – Essex Campus, 7201 Rossville Blvd. Baltimore, MD 21221. The gymnasium is part of the Wellness & Athletics Center. (Large round building)
<http://www.ccbcmd.edu/About-CCBC/Locations/CCBC-Essex.aspx>

FORMAT: Pool play with crossover matches, with the top teams playing into the championship round. Games will be approx. 22-26 minutes running time, no half-time. Four game minimum. All games will be played 6 vs. 6, following the FIH Rules of Indoor Hockey 2016. See www.usfieldhockey.com for complete indoor rules.

ADULT DIVISIONS: For the Adult tourney, we anticipate two subdivisions: Mixed (2men) and Women. If we are unable to get a full 'Women's only' subdivision, we will have modified rules for a Mixed team whose opponent is an all-women roster. For Mixed division, a maximum of 2 male field players are allowed at one time, and the goalie is neutral and can be either gender. You must be 18 or older to participate in the adult division.

TEAM FEE: \$375 per team, via check or via credit card using our online payment link - <https://www.paypal.me/BFHAtourney2016> Checks can be mailed to BFHA c/o Kristy Mumma 6217 Summer Home Ter, Elkridge, MD 21075. Each team will also be required to submit a separate \$100 forfeit fee check. This check will ONLY be cashed ONLY if your team forfeits any matches during the event. Once your team has confirmed registration with tournament chairs, there will be no cancellation refunds.

CHECK IN: Each team captain should check-in upon arrival at the tournament table. Signed Team Roster Form and Team Waiver Form can be turned in, if not yet submitted. We encourage you to submit ahead of the tournament to khmumma@outlook.com.

REQUIREMENTS: All participants must be current members of the US Field Hockey Association. Please list USFHA membership # on team roster. Go to www.usfieldhockey.com for membership. You must be 18 or older to participate in the adult division.

TEAM ROSTER & WAIVER: A team roster form is required for all teams. The final roster form must be submitted NO LATER than tourney check-in AND prior to your teams' first scheduled game. All participants must sign the attached waiver form and they also must be current members of the US Field Hockey Association. Please list USFHA membership # on team roster. **If a team roster and waiver form is not completed by the first game of play, the team will automatically forfeit all games until form has been completed.**

QUESTIONS: Please contact us if you have questions or concerns.
Kristy Mumma khmumma@outlook.com or 410-258-4383
Melissa Street mannstreet24@gmail.com or 443-977-9276
Website: <http://www.bfha.org>

2016 Adult Indoor Tourney – Team Registration & Roster Form

Team Name: _____

Team Captain: _____

E-mail: _____ & Cell Phone: _____

A team roster form is required for all teams. The final roster form must be submitted NO LATER than tourney check-in, AND prior to your teams' first scheduled game. Completed roster forms can be submitted ahead via email to khmumma@outlook.com. This completed form with payment (Team Fee) via check, can be mailed to BFHA c/o Kristy Mumma 6217 Summer Home Ter, Elkridge, MD 21075.

Team fee can also be paid online via payment link > <https://www.paypal.me/BFHAtourney2016> If payment link is used, please email khmumma@outlook.com your Team Name, Captain, Email and Cell Phone for confirmation of team registration.

Name (print)	USFHA member #
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***If any player is not a current USFHA member, he/she will need to become a USFHA member by going to www.usfieldhockey.com and signing up online.**

2016 Adult TEAM Indoor Tourney – Team Waiver Form

***If this form is not completed by start of your team's 1st game, team will forfeit all games until completed!**

Team Name: _____

Team Captain: _____

WAIVER: I do hereby waive and release all claims for myself, my heirs, and assignees against the Baltimore Field Hockey Association and/or CCBC Essex for any injuries or illnesses which may result from my participation in this league. I attest and verify that I have full knowledge of the risks involved in this sport, and I am physically fit and sufficiently trained to participate in this sport.

Name (print)	Signature	Date
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