

SHOW-ME STATE GAMES / STATE GAMES OF MID-AMERICA - TEAM ENTRY FORM

Name of Sport _____ Team Name _____

Div./Age Group _____ Entry Code _____

Coach / Contact _____ Address _____

City _____ Zip Code _____

Home Phone _____ Work or Cell Phone _____

Email Address _____

How do you want to receive information regarding game times / locations for the finals? (circle one) (A) Mail or (B) Email

	Player Name	Waiver Y/N	Birthdate (M/D/Y)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
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14.			
15.			
16.			
17.			
18.			
19.			
20.			

****Each individual player must complete an entry form. Only one "coach" needs to complete an entry form to act as the contact person. This person will be the contact person which will receive all game information. Make sure the team name and coach's name listed on this page match the corresponding two fields on each of the individual player entry forms. Please submit all individual player entry forms along with roster and fee at the same time.**

ROSTER / ROSTER ADDITIONS

We must have a completed roster turned into our office along with your registration. Players may be added to your roster at no charge prior to the following deadlines. If you register by mail, your roster must be turned into our office by July 7. If you register online, your must enter your roster into the Team Management by July 7. Please note your team entry and payment must be received by your sport's specific **entry** deadline. **CHANGES MAY STILL BE MADE TO YOUR ROSTER AFTER THESE DATES, BUT MUST BE DONE DURING CHECK-IN AT THE HEARNES CENTER. ROSTER ADDITIONS AT THIS TIME WILL BE CHARGED \$5 PER PERSON ADDED TO THE ROSTER AND THERE WILL BE NO LIMIT TO THE ROSTER ADDITION CHARGES.** Additions received after these dates will not be processed.

ROSTER LIMITS:

- | | | |
|-----------------|--------------------------|--|
| Baseball - 18 | Football - 12 | Governor's Cup Soccer - Unlimited Roster |
| Basketball - 12 | Kickball - 18 | Softball - Slow Pitch 20 - Fast Pitch 18 |
| Dodgeball - 10 | Soccer - 18 (U6/U7 - 12) | Volleyball - 12 |
| Lacrosse - 25 | | |

WAIVER

(Please make a copy for each team member. Each player MUST turn in this waiver before playing.)

Participant Name: _____ Phone: _____
Address: _____ Birthdate: _____
City, State, Zip: _____

WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

In consideration of my entry into the competition known as the SHOW-ME STATE GAMES, I, intending to be legally bound, do hereby for myself, executors and administrators waive, release and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to my person or property arising out of my performance or failure of performance, from the State of Missouri, the Governor's Council on Physical Fitness and Health, the National Sports Governing bodies, the Curators of the University of Missouri, the owner of the site of any festival or finals competition I may be participating in, their agents, representative, successors and assigns.

CONSENT FOR MEDICAL TREATMENT

I, the undersigned, also hereby authorize and consent to any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency.

Parent's or Guardian's Signature
(If athlete is under 18 years of age)

Athlete's Signature

EMERGENCY CONTACT PERSON

Name

Home Phone

Work Phone

