

2017 SHOW-ME STATE GAMES - 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 _____	

	<u>Player Name</u>	<u>Waiver Y/N</u>	<u>Birthdate (M/D/Y)</u>
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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. For June events, rosters must be submitted by June 1. For July events, roster must be submitted 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 7v7 adult - 12 | Football (youth tackle) - no limit |
| Basketball - 12 | Kickball - 18 | Softball - Slow Pitch 20 - Fast Pitch 18 |
| Dodgeball - 10 | Soccer - 18 (U6/U7 - 12) | Volleyball - 12 |
| Lacrosse - 25 | | |

2017 SHOW-ME STATE GAMES WAIVER

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

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

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, referees, referee assignors, referee organizations, 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.

Athlete's Signature (if age 18 or older)

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

Date

EMERGENCY CONTACT PERSON

Name

Home Phone / Work Phone

