



2021 SHOW-ME STATE GAMES ENTRY FORM / WAIVER



- Please use a separate entry form if entering more than one sport.
- If entering a team, you must also submit a team roster.
- Mail entry form along with payment to: Show-Me State Games
1400 Rock Quarry Rd, Entrance 5
Columbia, MO 65211

1 ATHLETE INFORMATION (Please print all information)

Last Name _____ First Name _____ MI _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Sex (Circle One) M F Date of Birth (mm/dd/yy) _____ Age _____
 Email Address _____

2 SPORT INFORMATION (One sport per Entry Form / Entry Form may be copied)

- | | | | | | |
|----------------------------------------|-------------------------------------------|------------------------------------|---------------------------------------------|---------------------------------------|--------------------------------------------|
| <input type="radio"/> Archery - 3D | <input type="radio"/> Darts | <input type="radio"/> Golf - Par 3 | <input type="radio"/> Miniature Golf | <input type="radio"/> Soccer | <input type="radio"/> Triathlon / Duathlon |
| <input type="radio"/> Archery - Target | <input type="radio"/> Disc Golf | <input type="radio"/> Gymnastics | <input type="radio"/> Mountain Biking | <input type="radio"/> 3v3 Soccer | <input type="radio"/> Ultimate |
| <input type="radio"/> Archery - MoNASP | <input type="radio"/> Fencing | <input type="radio"/> Handball | <input type="radio"/> Pickleball | <input type="radio"/> Softball | <input type="radio"/> Volleyball |
| <input type="radio"/> Baseball | <input type="radio"/> Figure Skating | <input type="radio"/> Ice Hockey | <input type="radio"/> Powerlifting | <input type="radio"/> Swimming | <input type="radio"/> Wrestling |
| <input type="radio"/> Basketball | <input type="radio"/> Football (7v7 Flag) | <input type="radio"/> Judo | <input type="radio"/> Road Race / Race Walk | <input type="radio"/> Table Tennis | <input type="radio"/> _____ |
| <input type="radio"/> Bowling | <input type="radio"/> Youth Football | <input type="radio"/> Lacrosse | <input type="radio"/> Rugby | <input type="radio"/> Tennis | |
| <input type="radio"/> Cycling | <input type="radio"/> Golf | <input type="radio"/> Martial Arts | <input type="radio"/> Shooting | <input type="radio"/> Track and Field | |

3 EVENT INFORMATION (See sport pages for event codes and description)

Team Name (Team sports only) _____		Coach's Name (Team sports only) _____	
Event Code(s)	Event Description	Partner's Name	Swim Times / USBC # & Bowl Avg / Pickleball Skill Rating
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4 WAIVER

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 but not limited to any claims for loss, damages, injury or disease 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, release and hold harmless the aforementioned parties and also hereby authorize and consent to any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency.

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

EMERGENCY CONTACT PERSON
 Name _____ Home Phone _____ Work Phone _____

5 PAYMENT INFORMATION

<input type="radio"/> Check (SS# required)	Entry Fee: \$ _____	Credit Card Number _____
<input type="radio"/> Money Order	Donation: \$ _____	_____
<input type="radio"/> Master Card	Late Fee: \$ _____	Expiration Date _____
<input type="radio"/> Visa	Total Amount: \$ _____	Signature _____
<input type="radio"/> Discover		



2021 SHOW-ME STATE GAMES CODE OF CONDUCT



This form needs to be completed by:

- All athletes participating in individual sports, i.e, cycling, pickleball, etc.
- All volunteers
- All head coaches of team sports. COACHES please share with athletes and parents before signing.

Before going to event:

- Players, spectators and volunteers have no flu-like symptoms.
- Players, spectators and volunteers have not been in direct contact with a known case of COVID-19 in the past 14 days.
- It is recommended that one should not attend if considered high risk, or living in close quarters to someone having high risk profile.
- All players and volunteers should wipe down and disinfect all equipment before arriving at facility.
- Personal protective equipment is not required but is encouraged.

Behavior:

- Cover mouth and nose with a tissue or your sleeve (not your hand) when you cough or sneeze.
- Wash hands with soap and water often.
- Use hand sanitizer gel often if soap & water are not available.
- Do not touch your eyes, nose or mouth.
- All athletes should bring their own water bottles. There should be no sharing of water bottles, team water coolers, or team snacks.
- There must be no hand shaking, high fiving, or fist bumping at any time.

Practice Social Distancing:

- Players, spectators and volunteers should keep a distance of at least 6 ft. between yourself and others when possible.
- Where possible, spectators are encourage to bring their own chairs for sitting or may stand during games. If using the bleachers, fans are encouraged to clean an area before sitting.
- Arrive at your allotted time, schedules are set to accommodate for social distancing.

All sports following Play:

- Teams should leave the facility immediately following the game.
- All athletes and volunteers should wash hands with soap or use hand sanitizer immediately following each event.
- No extra-curricular or social activity should take place. No congregating in the parking lot after the game.

The above guidelines may evolve prior to the event an update will be shared with the coaches as appropriate. All athletes and staff should follow the guidelines. Non-compliance may result in the inability to compete.

I, the undersigned, release and hold harmless the aforementioned parties and 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