

2023 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

O ATHLETE	INFORMATI	ON (Please p	orint all information)					
Last Name			First Na	ı I ıme	1 1 1			MI
Street Address								
City					State	Zip C	ode	
Phone Number	_		M F Sex (Circle One)	Date of B	 irth (mm/dd/yy)		L	\ge
Email Address								
9 SPORT I	NFORMATIO	V (One sport p	er Entry Form / Entry	y Form ma	y be copied)			
O Archery - 3D O Archery - Target O Archery - MoNASP Baseball Basketball Bowling Cycling	 ○ Darts ○ Disc Golf ○ Fencing ○ Figure Skating ○ Football (7v7 Flag) ○ Youth Football 	○ Golf - Par 3○ Gymnastics○ Handball○ Ice Hockey	stics O Miniature Golf O Soccer II O Mountain Biking O 3v3 Socce key O Pickleball O Softball O Powerlifting O Swimming O Road Race / Race Walk O Table Tenr			VolleyballWrestling		
8 EVENT II	NFORMATIO	V (See sport pa	ages for event codes	s and descr	ription)			
Team Name (Team spor	rts only)			Coach's Na	me (Team sports	only)		
Event Code(s)	Event Descri	ption	Partner [*]	's Name	ine (Team sports	• ,	Swim Times USBC # & Bowl A Pickleball Skill R	Avg /
							T ICKIODAII OKIII IK	
In consideration of my eradministrators waive, relidisease to my person or Health, the National Sporany festival or finals com CONSENT FOR MEDICAL, the undersigned, release	AND CONSENT FOR MED ntry into the competition knows as and forever discharge property arising out of my perts Governing bodies, the Corpetition I may be participating AL TREATMENT se and hold harmless the afary in case of an emergency	own as the SHOW- any and all rights a rformance or failure urators of the Unive ag in, their agents, r orementioned partic	ME STATE GAMES, I, is and claims for damages, e of performance, from the strity of Missouri, referee representative, successo	including but be State of Mis es, referee ass ors and assign	t not limited to ar ssouri, the Govern signors, referee cos.	ny claims for lo nor's Council o organizations,	oss, damages on Physical Fi the owner of	s, injury or tness and the site of
Athlete's Signature		Parent	's or Guardian's Signature (I	f athlete is unde	er 18 years of age)	Date		
EMERGENCY CONTACT PE	ERSON							
Name			Home Phone			Work Phone		
9 PAYMEN	T INFORMAT	ION						
Check (SS# requiredMoney OrderMaster CardVisa	d) Entry Fee: Donation: Late Fee:	\$	-	redit Card Nu - xpiration Date				
O Discover	Total Amount:	\$	_ ,	,				
			Si	gnature				