



# 2024 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="checkbox"/> Archery - 3D     | <input type="checkbox"/> Darts               | <input type="checkbox"/> Golf - Par 3 | <input type="checkbox"/> Martial Arts          | <input type="checkbox"/> Shooting     | <input type="checkbox"/> Track and Field      |
| <input type="checkbox"/> Archery - Target | <input type="checkbox"/> Disc Golf           | <input type="checkbox"/> Gymnastics   | <input type="checkbox"/> Miniature Golf        | <input type="checkbox"/> Soccer       | <input type="checkbox"/> Triathlon / Duathlon |
| <input type="checkbox"/> Archery - MoNASP | <input type="checkbox"/> Fencing             | <input type="checkbox"/> Handball     | <input type="checkbox"/> Mountain Biking       | <input type="checkbox"/> 3v3 Soccer   | <input type="checkbox"/> Ultimate             |
| <input type="checkbox"/> Baseball         | <input type="checkbox"/> Figure Skating      | <input type="checkbox"/> Ice Hockey   | <input type="checkbox"/> Pickleball            | <input type="checkbox"/> Softball     | <input type="checkbox"/> Volleyball           |
| <input type="checkbox"/> Basketball       | <input type="checkbox"/> Football (7v7 Flag) | <input type="checkbox"/> Judo         | <input type="checkbox"/> Powerlifting          | <input type="checkbox"/> Swimming     | <input type="checkbox"/> Wrestling            |
| <input type="checkbox"/> Bowling          | <input type="checkbox"/> Youth Football      | <input type="checkbox"/> Kickball     | <input type="checkbox"/> Road Race / Race Walk | <input type="checkbox"/> Table Tennis | <input type="checkbox"/> _____                |
| <input type="checkbox"/> Cycling          | <input type="checkbox"/> Golf                | <input type="checkbox"/> Lacrosse     | <input type="checkbox"/> Rugby                 | <input type="checkbox"/> Tennis       |   |

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