

2024 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>
1.			
2.			
3.			
4.			
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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. Rosters should be submitted at least 7 days prior to the tournament. Please note your team entry and payment must be received by your sport's specific entry deadline. Changes may still be made when you check-in if needed.

ROSTER LIMITS:

- | | | |
|-----------------|------------------------------------|--|
| Baseball - 18 | Football 7v7 adult - 12 | Soccer - 18 (U6/U7 - 12) |
| Basketball - 12 | Football (youth tackle) - no limit | Softball - Slow Pitch 20 - Fast Pitch 18 |
| Lacrosse - 25 | | Volleyball - 12 |



2024 SHOW-ME STATE GAMES WAIVER OF LIABILITY



This page needs to be completed by all coaches and players.

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 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 (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