

BLUEGRASS STATE GAMES TEAM ENTRY FORM

MAIL TO: Bluegrass State Games, P.O. Box 1463, Lexington, KY 40588 -- 1-800-722-2474 or 859-255-0336
Fax No. (for Credit Card ONLY) 859-258-3022

OFFICE USE ONLY	
Entry Fee Paid :	\$ _____
Registration No.	_____

Coach's Name: _____ Coach's Signature: _____

Address _____ City _____ KY Zip _____ County _____

Day Phone () _____ Night Phone () _____ E-mail: _____

Payment: Amount: \$ _____ Check: Payable to BGSBG / Credit Card: (Circle One) VISA MASTERCARD

Card # _____ Expiration Date: _____ CVV (Last 3 digits on back card) _____ Authorization Signature: _____

CHECK WHICH SPORT YOU WISH TO ENTER:

- | | | | | | |
|------------------------|--------------------------|--------|--------------------------|--------------|--------------------------|
| Baseball (Coach Pitch) | <input type="checkbox"/> | Soccer | <input type="checkbox"/> | Age Group | _____ |
| Baseball (10U/12U) | <input type="checkbox"/> | | | Recreational | <input type="checkbox"/> |
| Basketball (3-on-3) | <input type="checkbox"/> | | | Open | <input type="checkbox"/> |
| Cornhole (2/team) | <input type="checkbox"/> | | | High School | <input type="checkbox"/> |
| Flag Football | <input type="checkbox"/> | | | TOPS Soccer | <input type="checkbox"/> |
| Cross Country | <input type="checkbox"/> | | | Softball | <input type="checkbox"/> |
| Lacrosse | <input type="checkbox"/> | | | Tee Ball | <input type="checkbox"/> |
| Ultimate Frisbee | <input type="checkbox"/> | | | Volleyball | <input type="checkbox"/> |

TEAM INFORMATION:

Team Name: _____ EVENT CODE: _____

Division: _____ Check One: Male Female Co-Rec

SOFTBALL ONLY: NSA Sanction # _____

SOCCER ONLY: Jersey Color: _____

League Affiliation: _____

Field Marshall: _____ Phone #: _____

Total Number of Each T-shirt Size Needed

YM _____ YL _____ S _____ M _____ L _____ XL _____ XXL _____

of Participants Attending Celebration of Athletes _____

TEAM ROSTER & SIGNATURE FOR WAIVER:

Player's Name	DOB	Age	Address/City/Zip	Parent Email	**PLEASE READ MEDICAL WAIVER BELOW** Signature for Medical Waiver (Parent's if under 18)
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____	_____
17. _____	_____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____	_____

MEDICAL CONSENT AND WAIVER FORM (Please read and sign below):

MEDICAL CONSENT AGREEMENT

I hereby authorize the Bluegrass State Games Medical and Training Staff or their designate to treat the above participant for any injury or illness they sustain during the Bluegrass State Games

I authorize all necessary medical treatment and admission to any hospital designated by the Medical and Training Staff if advanced care (X-rays, test, etc.) is required.

It is understood that the patient and their parent/guardian will be notified to grant additional authorization for any special treatment or if surgical procedures are necessary.

PARTICIPANT WAIVER

WAIVER in consideration of my entry into the competition known as the Bluegrass State Games: I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waiver 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 performance or failure of performance of the Lexington-Fayette Urban County Government, Bluegrass State Games Board of Directors, committees, sponsors, institutions, organizations, school systems, or others involved in the Games, as well as the National Governing Bodies, their agents, representatives, successors, and assigns of the parties named above, for any and all damages which may be sustained and suffered by me in connection with my association or entry in, and/or arising out of my traveling to, participation in and returning from the competition in the Bluegrass State Games. I, the undersigned, declare on my honor that I am an amateur and fulfill the conditions stipulated by the Bluegrass Games Board of Directors and all committees.

I agree that I will compete in the Games, keep myself in top physical condition, retain my amateur status, and make myself available for training as I deem advisable. I certify that to the best of my knowledge and belief, I am in good physical condition and have no disease or injury that would keep me from doing my best in competition.

I hereby consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the Bluegrass State Games in any manner incidental to my participation in the Bluegrass State Games and without compensation to me.

Participant's signature _____ **Date** _____

Parent/Guardian signature (If athlete is under 18 years of age) _____ **Date** _____