

BLUEGRASS STATE GAMES INDIVIDUAL 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. _____

Name Last _____ First _____ Male Female Date of Birth: Mo _____ Day _____ Yr _____ Age day of Games _____

Address _____ City _____ **KY** Zip _____ County _____

Day Phone () _____ Night Phone () _____ E-mail: _____ (Circle one) **T-shirt Size:** YM YL S M L XL XXL

Payment: Amount: \$ _____ Check: Payable to BGSF / Credit Card: (Circle One) VISA MASTERCARD Participant Attending Celebration of Athletes on 7/16: Yes No

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

PERSON TO NOTIFY IN CASE OF EMERGENCY (Parent/Guardian if applicant is under 18 years of age):

NAME: Last _____ First _____ Middle Initial _____ Relationship: _____ Home Phone () _____

ADDRESS _____ CITY _____ ZIP _____ Work Phone () _____

CHECK WHICH SPORT YOU WISH TO ENTER: (Need separate entry form for each sport. Form can be copied.)

5K Run/Walk <input type="radio"/>	Cycling Time Trials <input type="radio"/>	Mountain Biking <input type="radio"/>	Tennis ^ <input type="radio"/>
Archery <input type="radio"/>	Disc Golf <input type="radio"/>	Racquetball <input type="radio"/>	Track/Field Ω <input type="radio"/>
Bowling <input type="radio"/>	Equestrian <input type="radio"/>	Sailing <input type="radio"/>	Wrestling <input type="radio"/>
Canoeing/Kayaking <input type="radio"/>	Fencing <input type="radio"/>	Swimming <input type="radio"/>	
Chess ↑ <input type="radio"/>	Golf ϕ <input type="radio"/>	Table Tennis § <input type="radio"/>	
Cycling <input type="radio"/>	Martial Arts ± <input type="radio"/>		

EVENT CODE:	DESCRIPTION:	TIME: (Meters/Swimming Only)	PARTNER(S)/HORSE NAME/CHESS TEAM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

↑ **Chess:** USCF ID# _____ Date of last tournament _____ § **Table Tennis:** USTTA Rating _____

ϕ **Golf:** This is a partner tournament. BOTH entries MUST be mailed in the same envelope. ^ **Tennis:** If playing doubles, BOTH entries MUST be mailed in same envelope.

± **Martial Arts:** Belt _____ Date Started Training _____ Ω **Track/Field:** Attach proof of age (driver's license or copy of birth certificate).

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** _____