

BLUEGRASS STATE GAMES INDIVIDUAL ENTRY FORM
MAIL TO: Bluegrass State Games, 162 E. Main St., Suite 210, Lexington, KY 40507 – (859) 286-5152
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: _____

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

Card # _____ Expiration: _____ Billing address if different from above: _____ 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="checkbox"/> | Disc Golf <input type="checkbox"/> | Sailing <input type="checkbox"/> | Track/Field Ω <input type="checkbox"/> |
| Archery <input type="checkbox"/> | Golf ④ <input type="checkbox"/> | Shooting <input type="checkbox"/> | Ultimate Frisbee <input type="checkbox"/> |
| Bowling <input type="checkbox"/> | Martial Arts ⑥ <input type="checkbox"/> | Skateboarding <input type="checkbox"/> | Wrestling <input type="checkbox"/> |
| Chess ② <input type="checkbox"/> | Mountain Biking <input type="checkbox"/> | Swimming <input type="checkbox"/> | |
| Cross Country <input type="checkbox"/> | Pickleball <input type="checkbox"/> | Table Tennis § <input type="checkbox"/> | |
| Cycling <input type="checkbox"/> | Racquetball <input type="checkbox"/> | Tennis ^ <input type="checkbox"/> | |

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

- ② **Chess:** USCF ID# _____ Date of last tournament _____
- ④ **Golf:** This is a partner tournament. BOTH entries MUST be mailed in the same envelope.
- ⑥ **Martial Arts:** Belt _____ Date Started Training _____
- § **Table Tennis:** USTTA Rating _____
- ^ **Tennis:** If playing doubles, BOTH entries MUST be mailed in same envelope.
- Ω **Track/Field:** Attach proof of age (driver's license or copy of birth certificate).

MEDICAL CONSENT AND WAIVER FORM AND HOTEL REBATE INFO (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.

HOTEL REBATE INFO
 In order to keep entry fees for the Bluegrass State Games remain as low as possible the Bluegrass Sports Commission will receive a portion of your room rate per night from our hotel partners.

Participant's signature _____ **Date** _____

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