

# BLUEGRASS STATE GAMES TEAM ENTRY FORM

MAIL TO: Bluegrass State Games, 162 E. Main St., Suite 210, Lexington, KY 40507 – (859) 286-5152

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 BGSG/Credit Card: (Circle One) VISA MASTERCARD

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ Billing address if different from above: \_\_\_\_\_ Authorization Signature: \_\_\_\_\_

**CHECK WHICH SPORT YOU WISH TO ENTER:**

- |                         |                          |               |                          |                 |
|-------------------------|--------------------------|---------------|--------------------------|-----------------|
| Baseball (7U/8U)        | <input type="checkbox"/> | Soccer        | <input type="checkbox"/> | Age Group _____ |
| Baseball (10U/12U)      | <input type="checkbox"/> | Youth         | <input type="checkbox"/> |                 |
| Flag Football           | <input type="checkbox"/> | High School   | <input type="checkbox"/> |                 |
| Kickball                | <input type="checkbox"/> |               |                          |                 |
| Miracle League Baseball | <input type="checkbox"/> | Softball      | <input type="checkbox"/> |                 |
| Youth                   | <input type="checkbox"/> |               |                          |                 |
| Adult                   | <input type="checkbox"/> | Volleyball    | <input type="checkbox"/> |                 |
| Cross Country           | <input type="checkbox"/> | Adult         | <input type="checkbox"/> |                 |
| Tee Ball                | <input type="checkbox"/> | High School   | <input type="checkbox"/> |                 |
| Ultimate Frisbee        | <input type="checkbox"/> | Middle School | <input type="checkbox"/> |                 |

**TEAM INFORMATION:**

Team Name: \_\_\_\_\_ **EVENT CODE:** \_\_\_\_\_

Division: \_\_\_\_\_ Check One: Male  Female  Co-Ed

**SOFTBALL ONLY:** NSA Sanction # \_\_\_\_\_

**YOUTH SOCCER ONLY:** Jersey Color (youth): \_\_\_\_\_

League Affiliation (youth): \_\_\_\_\_

Field Marshall (youth soccer): \_\_\_\_\_ Phone #: \_\_\_\_\_

**TEAM ROSTER & SIGNATURE FOR WAIVER (HIGH SCHOOL VOLLEYBALL AND SOCCER - BRING ROSTER TO FIRST GAME):**

**\*\*PLEASE READ MEDICAL WAIVER BELOW\*\***

Player Name	DOB	Age	Address/City/Zip	Parent Email	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. _____					

**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 \_\_\_\_\_