



2018 Rocky Mountain State Games

July 20-22 & 27-29, 2018

INDIVIDUAL SPORT ENTRY FORM - PERSONAL INFORMATION - Answer Completely

ONE FORM PER SPORT | AIR HOCKEY, ARCHERY, ARMWRESTLING, BADMINTON, BILLIARDS, BOWLING, CYCLING-TRACK, DISC GOLF, DIVING, HORSESHOES, ORIENTEERING, PICKLEBALL, POWERLIFTING, RACQUETBALL, SHOOTING, STAND UP PADDLEBOARD, TABLE TENNIS, TRACK & FIELD, WEIGHTLIFTING

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Ext. _____ Evening Phone _____

Cell Phone (Where you can be contacted during the event if necessary) _____

Birthdate ____/____/____ Age _____ Gender (circle one) Male Female
Mo Day Year

E-Mail _____

Are you a member of the YMCA? If so, please specify which branch: _____

A completed team roster/waiver for MUST accompany this form.

TEAM SPORT ENTRY FORM - TEAM INFORMATION - Answer Completely

ONE FORM PER TEAM | BASKETBALL, CRICKET, FIELD HOCKEY, FLAG FOOTBALL, ROUNDNET, SOCCER, SOFTBALL, ULTIMATE FRISBEE, VOLLEYBALL (BEACH, GRASS, INDOOR)

Circle One: Coach Captain Other _____ Team Name _____

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Ext. _____ Evening Phone _____

Cell Phone (Where you can be contacted during the event if necessary) _____

Birthdate ____/____/____ Age _____ Gender (circle one) Male Female
Mo Day Year

E-Mail _____

Average Age of Team Members _____ Team Gender (circle one) Male Female Coed

Do you participate in your sport through Parks & Recreation? If yes, please list in what city you participate:


How did you find out about the RMSG? (circle all that apply) Past Participant, TV, Newspaper, Radio, Website, Social Media, RMSG Ambassador Program, Postcard, Other _____

REGISTER ONLINE AT www.RockyMountainStateGames.org TODAY!

EVENT INFORMATION – Answer Completely

If you are in need of additional Event Information space, photo copy this form, and attach it with your entry information.

YOUR NAME & SPORT

Gender (Circle One) M F Co-Ed _____ M F Co-Ed _____ M F Co-Ed _____ M F Co-Ed _____ M F Co-Ed _____ M F Co-Ed _____	List Divisions: _____ _____ _____	List Events (If applicable): _____ _____ _____	SPORT SPECIFIC INFORMATION Armrestling: List your weight (<i>you will be seeded accordingly</i>) _____ Badminton: List doubles partner _____ Billiards: List doubles partner _____ Pickleball: List doubles partner: _____ Racquetball: Skill level certification _____ List doubles partner _____ Roundnet: List doubles partner _____ Table Tennis: List doubles partner _____ Track & Field: Best time(s) _____ USATF Membership # _____ Ultimate Frisbee: USAU Member ___ Yes ___ No If yes, list USAU membership # _____ Volleyball: USAV Member ___ Yes ___ No If yes, list USAV membership # _____ List doubles partner (Beach/Grass) _____																								
OFFICE USE ONLY PD _____ PM _____ CHK# _____	<p style="text-align: center;">Athlete T-shirts MUST be pre-purchased by July 7:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Sizes</u></th> <th style="text-align: left;"><u>Quantity</u></th> <th style="text-align: left;"><u>Sub Total</u></th> </tr> </thead> <tbody> <tr> <td>Youth Medium:</td> <td>_____ @ \$12 =</td> <td>_____</td> </tr> <tr> <td>Adult Small:</td> <td>_____ @ \$12 =</td> <td>_____</td> </tr> <tr> <td>Adult Medium:</td> <td>_____ @ \$12 =</td> <td>_____</td> </tr> <tr> <td>Adult Large:</td> <td>_____ @ \$12 =</td> <td>_____</td> </tr> <tr> <td>Adult XL:</td> <td>_____ @ \$12 =</td> <td>_____</td> </tr> <tr> <td>Adult XXL:</td> <td>_____ @ \$15 =</td> <td>_____</td> </tr> <tr> <td>Adult XXXL:</td> <td>_____ @ \$15 =</td> <td>_____</td> </tr> </tbody> </table> <p>Athlete T-Shirt Fee Total: _____</p> <p><small>**T-Shirt fee includes shipping. T-Shirts will be shipped prior to the event.</small></p> <p>Entry Fee Total _____</p> <p>Field Hockey Add Umpire Fee (\$30) _____</p> <p>Total Enclosed _____</p>		<u>Sizes</u>	<u>Quantity</u>	<u>Sub Total</u>	Youth Medium:	_____ @ \$12 =	_____	Adult Small:	_____ @ \$12 =	_____	Adult Medium:	_____ @ \$12 =	_____	Adult Large:	_____ @ \$12 =	_____	Adult XL:	_____ @ \$12 =	_____	Adult XXL:	_____ @ \$15 =	_____	Adult XXXL:	_____ @ \$15 =	_____	Please list any restrictions and/or special requests: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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Adult XXXL:	_____ @ \$15 =	_____																									
<p style="text-align: center;">Fee Information</p> <p style="text-align: center;"><i>Make Check Payable & Mail to:</i> Rocky Mountain State Games</p> <p style="text-align: center;">1631 Mesa Ave., Ste. E Colorado Springs, CO 80906</p> <p style="text-align: center;">PHONE: 719-634-7333</p> <p style="text-align: center;">www.RockyMountainStateGames.org</p> <p style="text-align: center;">info@TheSportsCorp.org</p> <div style="text-align: center;">  <p>ROCKY MOUNTAIN STATE GAMES</p> </div>			Payment Method ___ Check made payable to Rocky Mountain State Games ___ MasterCard ___ VISA ___ AmEx Card Number _____ Name as it appears on card _____ Expiration Date _____ Signature _____																								

Rocky Mountain State Games Team Roster Form

Email to info@thesportscorp.org or fax to 719-634-5198

SPORT: _____ TEAM NAME: _____

2 Beach (2v2), Roundnet & Grass Volleyball Max							
3							
4 Beach Volleyball (4v4) Max							
5 Basketball (3x3) Max							
6							
7							
8							
9							
10 Basketball (Senior 3x3) Max							
11							
12 Basketball (5x5), Flag Football, Indoor Volleyball Max							
13							
14 Cricket Max							
15							
16 Field Hockey & Softball Max							
17							
18 Baseball Max							
19							
20							
21							
22 High School Soccer Max							
23							
24							
25							
26							
27							

What is the birthdate of your oldest player (required)? _____

Coach/Team Captain Name: _____ Cell # (to be reached the weekend of the tournament): _____ Email: _____

Jersey Color(s) _____ Describe your team's competitive level _____

In the event of injury, medical costs must be paid by the athlete. Entry will not be accepted unless release and waiver are signed. By signing the Team Roster Form, I acknowledge that I have read, understand and agree to the Assumption of Risk, Waiver and Release.

ASSUMPTION OF RISK, WAIVER and RELEASE

In consideration of being allowed to participate in the Rocky Mountain State Games athlete/sports program, related events and activities, the undersigned appreciates, acknowledges and agrees that:

1. There are risks of injury from participating in the activities involved in this program of events, including the potential for paralysis, disability or even death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS (known or unknown, present or future, direct or consequential, and whether physical, psychological, social, economic or otherwise, and including all treatment, hospitalization and other care rendered to me in the event of my illness, injury or emergent circumstances in connection with my participation in this program of events), EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and I assume full responsibility for my participation and all such risks.
2. I willingly agree to comply with the stated and customary terms and conditions for participation in this program of events. If I observe any unusual significant hazard during my participation, I will remove myself from participation and immediately bring such to the attention of the nearest official.
3. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Rocky Mountain State Games, National Congress of State Games, Colorado Springs Sports Corporation and their directors, officers, employees, officials, committee members, volunteers and agents, other participants, organizing and sponsoring agencies, National Governing Bodies, sponsors and advertisers, and, if applicable, owners and lessors of premises used to conduct the program of events ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, PARALYSIS, DISABILITY, OR DEATH, and all liabilities, losses, damages, claims and causes of action (including attorney's fees) of any nature, incurred, suffered or associated with my participation in this program of events, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. I give my permission to the event organizers for the free use of my name, likeness and/or pictures for use in broadcasts, telecasts, newspaper, etc., for the promotion of this program of events.
5. I will follow and abide by the rules, policies and code of conduct of the Rocky Mountain State Games. I recognize my responsibility to demonstrate good character, integrity, and sportsman-like conduct. I agree that I will not violate the rules of my sport or the event, use performance-enhancing substances or methods, engage in abusive language, or disrespect the volunteers, officials, coaches or my fellow competitors. I further agree that any such unsportsmanlike conduct may result in my disqualification from the Rocky Mountain State Games.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE AGREEMENT, FULLY UNDERSTAND ITS TERMS AND SIGN IT VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Signature

Participant Printed Name

Date

FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION

I, as parent/guardian with legal responsibility for this participant, consent and agree to his/her assumption of risk, waiver and release as provided above, and for myself, my heirs, assigns and next of kin, release and agree to indemnify the Releasees from any and all liabilities, losses, damages, claims and causes of action (including attorney's fees) incident to my minor child's involvement or participation in the events as provided above, even if arising from the negligence of Releasees.

I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize the Rocky Mountain State Games, their personnel and medical staff, to call an ambulance or transport my child to the nearest medical care facility and secure emergency medical treatment, including hospitalization, injections, anesthesia or surgery.

Parent/Guardian Signature/Relationship

Parent/Guardian Printed Name

Date

*In the event of injury, medical costs must be paid by the athlete.
Entry will not be accepted unless release and waiver are signed.*