

Individual Sport Entry Form

Sooner State Games (405) 236-5000

Athlete must complete form and sign waiver on reverse before entry is accepted.

Type or print in ink. Please duplicate if additional forms are needed

PERSONAL INFORMATION

First Name _____ Last Name _____

Mailing Address _____ Apt.# _____

City _____ State _____ Zip _____

E-Mail Address _____

Day Phone _____ Evening Phone _____

Male ___ Female ___ D.O.B. ___ / ___ / ___ Age (on day of competition) _____
 (mo.) (date) (year)

Emergency Contact _____ Emergency Contact's Phone #(_____) _____

Name of Sport Club or Organization (if applicable) _____

Where did you pick up your entry handbook? _____

SPORT INFORMATION Please Check the appropriate sport	
<input type="checkbox"/> Archery 3D	<input type="checkbox"/> Judo
<input type="checkbox"/> Archery Indoor	<input type="checkbox"/> Karate
<input type="checkbox"/> Basketball (youth)	<input type="checkbox"/> Ping Pong
<input type="checkbox"/> Billiards	<input type="checkbox"/> Power Lifting weight class _____
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Shooting
<input type="checkbox"/> Disc Golf	<input type="checkbox"/> Tae Kwon Do
<input type="checkbox"/> Figure Skating	<input type="checkbox"/> Trail Run

Partner(s) Names(s): Partner must fill out separate form & send appropriate fee.

EVENT INFORMATION (Event codes and descriptions are listed at www.soonerstategames.org)

Code:	Event Description:	Code:	Event Description:
(1) _____	_____	(4) _____	_____
(2) _____	_____	(5) _____	_____
(3) _____	_____	(6) _____	_____

ENTRY FEE INFORMATION

Entry Fee - _____

Additional Fee(s) - _____

Donation: (tax deductible) _____

T-shirt: # ___ x \$10.00 = _____

Total Enclosed - _____

Make Cashiers Checks & Money Orders payable to:

Sooner State Games
 211 N. Robinson Suite 250
 Oklahoma City, OK 73102

Pre-Order T-shirt: (Please indicate number of shirts needed)

Youth Sizes: M ___ L ___
 Adult Sizes: S ___ M ___ L ___ XL ___ XXL ___

*T-shirt included in entry fee for all sports except Powerlifting. Please include \$10 per t-shirt if pre-ordering a t-shirt or ordering extras.

AMATEUR ATHLETIC WAIVER, MEDICAL CONSENT, AND RELEASE OF LIABILITY

READ AND SIGN STATEMENT BELOW

In consideration of being allowed to participate in any way in the Sooner State Games Athletic/Sport Program and related events and activities, the undersigned: 1. Agree that prior to participating they will inspect the facilities and equipment being used, and if they believe anything is unsafe, they will immediately advise the coach, or supervisor of such condition(s) and refuse to participate. 2. Acknowledge fully that each participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and a severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inactions, or negligence of others, the rules of play, or the conditions of the premises, or any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. 3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death. 4. Release, Waiver, Discharge, and Covenant not to sue The Sooner State Games, its affiliated clubs and Board of Trustees, The City of Oklahoma City, The Oklahoma Municipal Improvement Authority, The National Congress of State Games, The National Congress of State Games Board of Directors, Coaches, and other employees of the organization, or other participants, hereinafter referred to as "Release" from any and all liability to the undersigned his or hers heirs, and next of kin for any and all claims, demands, losses or damages on account of injury, including death, or damage to property caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise. 5. In the event that I sustain injury or illness while participating in The Sooner State Games, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by any medical personnel. I also give permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act on my behalf if I am not immediately available to do so.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

(IF ATHLETE IS UNDER 18 YEARS OLD, PARENT/GUARDIAN SIGNATURE IS REQUIRED BELOW)

TYPE OR PRINT NAME OF ATHLETE _____

ATHLETE'S SIGNATURE (OR PARENT/GUARDIAN) _____

DATE SIGNED _____