

# TEAM SPORT ENTRY FORM

# SOONER STATE GAMES

(405) 236-5000

Coach must complete form and complete roster on reverse before entry is accepted.  
Each athlete must sign waiver/release. Parent/Guardian must sign if athlete is under 18 years old.

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

## TEAM INFORMATION

Coach First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Coach Gender (circle one) Female Male

Mailing Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Sport Club or Organization (if applicable) \_\_\_\_\_

Team Gender (circle one) Female Male

Team Name \_\_\_\_\_

Number on Roster \_\_\_\_\_ Number of Assistant Coaches (limit of 2) \_\_\_\_\_

Where did you pick up your entry handbook? \_\_\_\_\_

## SPORT INFORMATION

Please check the appropriate sport.

- Adult Basketball
- Sand Volleyball
- Softball (Adult Men)
  - include t-shirts
- Softball (Adult Coed)
  - include t-shirts

## EVENT INFORMATION

(available at [www.soonerstategames.org](http://www.soonerstategames.org))

Code \_\_\_\_\_

Description \_\_\_\_\_

## Make Checks & Money Orders payable to:

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

## ENTRY FEE INFORMATION

Entry Fee - \_\_\_\_\_

Additional Fee(s) - \_\_\_\_\_

Donation: (tax deductible) \_\_\_\_\_

T-shirt: # \_\_\_\_\_ x \$10.00 = \_\_\_\_\_

Total Enclosed - \_\_\_\_\_

## PRE-ORDER T-SHIRT: (Please indicate number of shirts needed)

Youth Sizes: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_  
Adult Sizes: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

# TEAM ROSTER AND AMATEUR ATHLETIC WAIVER/ MEDICAL CONSENT/ 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 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 her 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)  
PLEASE TYPE OR PRINT**

Sports: \_\_\_\_\_ Age Division: \_\_\_\_\_

ATHLETE NAME	ADDRESS	CITY	STATE	ZIP	BIRTH DATE	SIGNATURE
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