



TEAM Entry Form **A**

mail entryform / fee to
 State Games of Oregon
 4840 SW Western Ave, Ste 900
 Beaverton OR 97005

online
ONLINE REGISTRATION or
FOR MORE INFORMATION:
 Go to www.stategamesoforegon.org

Please enter amount enclosed:
 \$

Waiver on back must be signed

TEAM INFORMATION Please print clearly

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPORT	EVENT CODE	Division	Team Name/Nickname
<input type="text"/>		<input type="text"/>	
Manager's first name		Manager's last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address *	Phone (day)	Phone (eve)	

* Providing an e-mail address would allow us to send your schedule electronically [if possible in your sport] and will enhance the communication.

For office use >

Team T-shirt count-Adult sizes
 (please enter totals from back of this form)

	XS <input type="text"/>	
S <input type="text"/>		L <input type="text"/>
M <input type="text"/>		XL <input type="text"/>

AMATEUR ATHLETIC MINOR AND/OR ADULT

WAIVER AND RELEASE OF LIABILITY **Back of this waiver must be signed**

In consideration of being allowed to participate in any way in the Oregon Amateur Sports Foundation's (OASF) athletic and/or sports program and related events and activities, the undersigned:

1. Agree that a) the participant or b) the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he/she should inspect the facilities and equipment to be used, and if he/she believes anything is unsafe, he/she should immediately advise his/her coach or supervisor of such condition(s) and refuse to participate;
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of 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, inaction or negligence of others, the rules of play, or the condition of the premises or of 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 risk and accept personal responsibility for the damages following such injury, permanent disability or death;
4. Release, waive, discharge and covenant not to sue the OASF, its affiliated clubs, their respective administrators, directors, agents, coaches, volunteers, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, the National Congress of State Games, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his/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 releasees or otherwise. In the event of injury, the athlete will pay all medical costs.
5. I hereby consent to allow my picture, voice or likeness to appear in any official documentary, promotional exclusive television, radio or print film coverage of the State Games of Oregon in any manner incidental to my participation and without compensation to me.

Team Name	Coach's Name	Sport	Division

We have read the waiver and release on the front of this form, understand that I/we give up substantial rights by signing it and sign it voluntarily.

Please Print PLAYER NAME	SIGNATURE OF PLAYER (if over 18) or PARENT/GUARDIAN (if under 18)	ADDRESS*	D.O.B.*	T-SHIRT*
1				S M L XL
2				S M L XL
3				S M L XL
4				S M L XL
5				S M L XL
6				S M L XL
7				S M L XL
8				S M L XL
9				S M L XL
10				S M L XL
11				S M L XL
12				S M L XL
13				S M L XL
14				S M L XL
15				S M L XL
16				S M L XL
17				S M L XL
18				S M L XL
19				S M L XL
M	Manager			S M L XL
C	Coach			S M L XL

ELIGIBILITY STATEMENT: I hereby certify that I know and understand the rules, policies and code of conduct for my sport, that the ages of all players are within the limits of the Age Division entered, and all signatures above are valid. I also understand that my team will be eliminated if this is not true.

* NOTE: A typed roster may be submitted in lieu of this entry form, but signatures must be present on this form.

Manager/Coach's signature _____ Date _____ / _____ / _____