

# TEAM ENTRY FORM



Enter online at [www.sunflowergames.com](http://www.sunflowergames.com). Mail completed form and waiver to:  
Sunflower State Games, 820 S. Kansas Ave., Topeka, KS 66612.  
Fax credit card entries and waivers to: 785-235-1308

NOTE: Entries must be postmarked by sport deadline. Entries received after deadline will not be accepted or charged \$15 late fee. Consult the sport information pages at [www.sunflowergames.com](http://www.sunflowergames.com) for registration instructions and deadlines.

PLEASE PRINT CLEARLY

COACH/TEAM INFORMATION

TEAM NAME \_\_\_\_\_

TEAM CONTACT/COACH NAME \_\_\_\_\_  
LAST FIRST

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

*NOTE: INCLUDE YOUR INFORMATION ON THE TEAM ROSTER IF YOU ARE PARTICIPATING*

COACH T-SHIRT SIZE (CIRCLE ONE)

YOUTH: LARGE ADULT: SMALL MEDIUM LARGE X-LARGE XX-LARGE(\$2 EXTRA) XXX-LARGE(\$2 EXTRA)

SPORT INFO

SPORT \_\_\_\_\_ GENDER OF TEAM: MALE FEMALE CO-ED

Event (IF APPLICABLE) \_\_\_\_\_ MAYB GRADE LEVEL \_\_\_\_\_

VOLLEYBALL: DO YOU WANT A REFEREE PROVIDED FOR AN ADDITIONAL \$50? Yes No

ELIGIBILITY STATEMENT

*Must be signed by the Team Coach/Contact*

I hereby certify that I know and understand the rules, policies and code of conduct for my sport in the Sunflower State Games. I certify that the ages/grade levels of all my players are within the limits of the age/grade division which we are entering. I also understand that my team may be disqualified from this tournament if any player's information is incorrectly noted on the official roster.

\_\_\_\_\_  
COACH/CONTACT'S SIGNATURE

\_\_\_\_\_  
DATE

PAYMENT INFORMATION

ENTRY FEE \$ \_\_\_\_\_

VOLLEYBALL REFEREE (\$50) \_\_\_\_\_

LATE FEE \_\_\_\_\_

SURCHARGE FOR  
XXL OR XXXL SHIRTS \_\_\_\_\_  
(# SHIRTS X \$2 EACH)

VOLUNTARY TAX DEDUCTIBLE  
CONTRIBUTION \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Make check or money order payable to Sunflower State Games  
or enter credit card information below.

Check  Cash  Credit Card

Master Card  Visa

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

**Office use only**

PD \_\_\_\_\_ PM \_\_\_\_\_

Amount received \$ \_\_\_\_\_

Check # \_\_\_\_\_

ID # \_\_\_\_\_

**ABSOLUTELY NO REFUNDS GIVEN**

Consult Bracket Fill Policy for more information

# TEAM WAIVER

This document is important, must be read in its entirety and signed by each team member (parent or guardian if participant is under 18) before athlete is allowed to participate. Entry form and waiver must be received by printed deadline to avoid \$15 late fee. Teams whose waivers are received after deadline will be placed on waiting list until forms are completed.

**MANDATORY WAIVER:** In consideration of being allowed to participate in, or assisting others in participating in the Sunflower State Games athletic program, its related events and activities, the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I hereby consent to allow my picture and/or voice or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Sunflower State Games in any manner incidental to my participation in the Sunflower State Games and without compensation to me and,
5. I, for myself, and on behalf of my heirs, assigns personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Sunflower State Games, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
6. I understand the following refund policy: There will be no refunds of entry fees except for entries received after the deadline, entries received after the maximum number of teams have been registered, or if there are not enough teams to form a division. No refunds will be permitted simply because a team fails to participate or for in climate weather.
7. I pledge to adhere to the Sunflower State Games standards of sportsmanship and respect opponents, coaches, officials and spectators at all times by not engaging in verbal or physical altercations at any time before, during, or after competition.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANT OF MINOR AGE (under 18 at time of entry) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided about of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

## TEAM ROSTER & TEAM MEMBER'S WAIVER

All team members (parent or guardian if participant is 18 or younger) must complete and sign this roster/waiver form.

By signing this form, you acknowledge that you have read, understand and agree to the team waiver statement on the previous page. Entry will not be accepted if not completed in full. Note: Teams may only have up to three out of state residents only. This will be strictly enforced. Be prepared to provide proof of residence. Please print clearly.

Team Name \_\_\_\_\_ Sport \_\_\_\_\_ Event \_\_\_\_\_

1	LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE	
	ADDRESS		CITY	STATE	ZIP	SEX

2	LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE	
	ADDRESS		CITY	STATE	ZIP	SEX

3	LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE	
	ADDRESS		CITY	STATE	ZIP	SEX

4	LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE	
	ADDRESS		CITY	STATE	ZIP	SEX

5	LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE	
	ADDRESS		CITY	STATE	ZIP	SEX

6	LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE	
	ADDRESS		CITY	STATE	ZIP	SEX

7	LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE	
	ADDRESS		CITY	STATE	ZIP	SEX

8	LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE	
	ADDRESS		CITY	STATE	ZIP	SEX

9	LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE	
	ADDRESS		CITY	STATE	ZIP	SEX

**Roster Limits:** Adventure Race 3, Baseball 14, Basketball 12, Dodgeball 12, Golf 4, Sand Volleyball 6, Softball 14, Ultimate Frisbee 20, Volleyball 12

**Soccer Roster Limits:** 6 for 3v3, 12 for U-10 & U-8, 16 for U-12, 18 for 13+ , 12 for Indoor  
Roster Limits will be enforced.

**TEAM ROSTER & TEAM MEMBER'S WAIVER - CONTINUED**

**10**

LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE		
ADDRESS		CITY	STATE	ZIP	SEX	DATE OF BIRTH

**11**

LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE		
ADDRESS		CITY	STATE	ZIP	SEX	DATE OF BIRTH

**12**

LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE		
ADDRESS		CITY	STATE	ZIP	SEX	DATE OF BIRTH

**13**

LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE		
ADDRESS		CITY	STATE	ZIP	SEX	DATE OF BIRTH

**14**

LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE		
ADDRESS		CITY	STATE	ZIP	SEX	DATE OF BIRTH

**15**

LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE		
ADDRESS		CITY	STATE	ZIP	SEX	DATE OF BIRTH

**16**

LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE		
ADDRESS		CITY	STATE	ZIP	SEX	DATE OF BIRTH

**17**

LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE		
ADDRESS		CITY	STATE	ZIP	SEX	DATE OF BIRTH

**18**

LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE		
ADDRESS		CITY	STATE	ZIP	SEX	DATE OF BIRTH

**19**

LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE		
ADDRESS		CITY	STATE	ZIP	SEX	DATE OF BIRTH

**20**

LAST NAME	FIRST NAME	PHONE	T-SHIRT SIZE	SIGNATURE		
ADDRESS		CITY	STATE	ZIP	SEX	DATE OF BIRTH