

BSG Team Roster Registration Form

REGISTER ONLINE
at badgerstategames.org and save money!

TO ENTER A TEAM: Complete directions for the team entry procedure are found on the team registration page of the website.

1. The contact person for the team must complete this team roster. Only the team contact will receive information from the BSG office regarding competition.
2. Each playing team member must be listed on this roster and must sign the waiver on the back of this form (or parent/guardian if player is under 18 years of age). List the team contact as a player only if he/she will be competing. Do not list non-playing coaches/managers on Official Team Rosters, however they must sign waiver on back. Keeping with Olympic tradition the coaches do not receive medals.
3. You must fill out this roster form completely. Incomplete roster forms will be returned and not considered registered. This is your official roster. Please keep a copy for your records. All signatures must be on the same form.
4. Send completed roster forms and make checks payable to: **Badger State Games**.
Mail forms and checks to: **219 Jefferson Street, Wausau, WI 54403**
5. T-shirts are not included in the entry fees. T-shirts will be available on site for purchase.

***To pay by credit card (Visa/Mastercard):**

_____	\$
Name as appears on card	Total to be billed
_____	/
Account #	Expiration Date (mm/yy)
_____	CVV# (3-digit code on back)
Signature	

Billing Address	

YOUTH SOCCER EVENT INFORMATION

DIVISIONS AND MAIL/FAX FEES:

Check-in: Please arrive 30-45 minutes early for team check in.

TEAM FEE \$200
PER PLAYER \$16

- Adult Co-ed
- Men's Open 18 & Over
- Men's 30 & Over
- Women's Open 18 & Over
- Women's 30 & Over

*Open Women and Women's Over 30 division will be combined if a minimum of 3 teams per division is not met.

TEAM INFORMATION:

_____	_____
City Representing (one only)	Team Name

Team Contact's Name	

Street Address	
_____	_____
City	State Zip Code
_____	/ /
Phone Number	Date of Birth (mm/dd/yy)

Email	

OFFICIAL TEAM ROSTER

Player's Name (please print)	Phone Number	Age	Date of Birth (mm/dd/yy)	Gender	Waiver Signed
1)			/ /	M F	<input type="checkbox"/>
2)			/ /	M F	<input type="checkbox"/>
3)			/ /	M F	<input type="checkbox"/>
4)			/ /	M F	<input type="checkbox"/>
5)			/ /	M F	<input type="checkbox"/>
6)			/ /	M F	<input type="checkbox"/>
7)			/ /	M F	<input type="checkbox"/>
8)			/ /	M F	<input type="checkbox"/>
9)			/ /	M F	<input type="checkbox"/>
10)			/ /	M F	<input type="checkbox"/>
11)			/ /	M F	<input type="checkbox"/>
12)			/ /	M F	<input type="checkbox"/>
13)			/ /	M F	<input type="checkbox"/>
14)			/ /	M F	<input type="checkbox"/>
15)			/ /	M F	<input type="checkbox"/>
16)			/ /	M F	<input type="checkbox"/>
17)			/ /	M F	<input type="checkbox"/>
18)			/ /	M F	<input type="checkbox"/>
19)			/ /	M F	<input type="checkbox"/>
20)			/ /	M F	<input type="checkbox"/>

IMPORTANT! ➡

All athlete participants **MUST** sign the Amateur Athlete Waiver and Release of Liability form.

Amateur Athlete Waiver and Release of Liability

This form is for online team registration only. All player contact information must be entered online

Team Contact: _____ Phone: _____

Team Name: _____ Sport _____ Division _____

In consideration of being allowed to participate in any way in the BADGER STATE GAMES athletics/sports program, and related events and activities:

1. I agree that prior to such participation, I will, or if I am the parent or guardian of a minor participant will instruct such participant that he or she should, inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise my coach (if I am participating as an athlete) or a supervisor of such condition(s) and refuse to participate.
2. I acknowledge and fully understand that I may 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 my own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. In the event that I sustain injury or illness while participating with the BADGER STATE GAMES, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so.
4. I assume all the foregoing risks and accept personal responsibility for my personal damages following my injury, permanent disability or death. I understand that medical and accident insurance is my sole responsibility and release all persons and entities from providing coverage for me.
5. 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 BADGER STATE GAMES in any manner incidental to my participation in Badger State Games and without compensation to me.
6. Intending to be legally bound, I do hereby release, waive, discharge and covenant not to sue Wausau/Central Wisconsin Convention & Visitors Bureau, Inc., sponsor of BADGER STATE GAMES, its affiliated clubs, their respective administrators, officers, directors, agents and other employees and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, 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 me, my heirs and next of kin for any claims, demands, losses or damages on account of injury, including death or damages to property, caused or alleged to be caused in whole or in part by the negligence of any releasee or otherwise in connection with association or participation in and/or arising out of my travel to, participation in and returning from participation in the Badger State Games.

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

Player Name (print clearly)	Players Signature (parent/guardian if under 18)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
Coach	
Coach	

Send completed forms to: Badger State Games, c/o Wausau/Central Wisconsin CVB, 219 Jefferson Street, Wausau, WI 54403
or fax forms to 715-359-2306. Please keep a copy for your records. Bring a copy to your events.