

BSG Team Roster Registration Form

TO ENTER A TEAM:

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 bottom 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.
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**

TEAM INFORMATION: (all information is required)

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 _____

SUMMER WODFEST REGISTRATION

IMPORTANT! All athlete participants MUST sign the Amateur Athlete Waiver and Release of Liability.

TEAM DIVISIONS (ALL TEAMS MUST CONSIST OF 2 MEN AND 2 WOMEN):

- RX MASTERS RX
 SCALED MASTERS SCALED

Movements you should know:

Deadlifts
 KB Swings
 Box jump overs
 Box Jumps
 Walking lunges
 Burpees
 Hang power cleans Rx/ masters
 Front squats
 Jerk Rx/ Masters
 Thrusters Rx/ Masters
 Sumo Deadlift High pulls
 Overhead Squats Rx/ Masters
 Snatch Rx/ Masters
 Wallballs
 Cleans
 Push press

***Events will 9am. Plan to arrive at least 30 minutes early to allow for check in, changing, warm ups, etc.*

What gym are you associated with: _____

Shirt Size: _____

How many times have you participated in the games: _____

Emergency Contact: _____

Phone Number: _____

Mail/Fax Prices Now - 05/31/17:	Mail/Fax Prices 6/1/17 - 6/30/17:	Mail/Fax Prices 7/1/17 - 7/14/17:	Onsite Registration Price
Team \$200	Team \$240	Team \$280	Team \$320
TOTAL: _____			Circle: CASH CHECK #: _____

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"/>

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

Name as appears on card: _____

Account #: _____ Exp. Date: ____/____ CVV#: _____
(3 digit code on back)

Signature: _____

Billing Address: _____

Make checks payable to:



Badger State Games
 219 Jefferson Street
 Wausau, WI 54403
 Fax 715-359-2306