

# Individual Sport Entry Form

## OG+E Sooner State Games (405) 236-5000

Athlete must complete form and sign waiver on reverse before entry is accepted.

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

**PERSONAL INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

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

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

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

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

Male \_\_\_ Female \_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (on day of competition) \_\_\_\_\_  
 (mo.) (date) (year)

Emergency Contact \_\_\_\_\_ Emergency Contact's Phone #(\_\_\_\_\_) \_\_\_\_\_

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

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

<b>SPORT INFORMATION</b> Please check the appropriate sport.	
<input type="checkbox"/> Archery (3D) <input type="checkbox"/> Archery (300 Spot) <input type="checkbox"/> Billiards <input type="checkbox"/> Bowling Squad choices: <input type="checkbox"/> June 18th 12:00p.m. (S1) <input type="checkbox"/> June 18th 3:00p.m. (S2) <input type="checkbox"/> June 19th 12:00 p.m. (S3) <input type="checkbox"/> June 19th 3:00p.m. (S4) <input type="checkbox"/> Judo Karate - Belt Rank _____ B/I/A (circle one) Weight _____ <input type="checkbox"/> Powerlifting Weight Class _____ <input type="checkbox"/> Ping Pong/TableTennis <input type="checkbox"/> Shooting	Track and Field Athletes fill out the following: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Track &amp; Field (Please circle your age division)  <b>OPEN:</b> A C  <b>MASTERS:</b> D E H I J K L N O P S  <b>YOUTH:</b> Bantam Midget Youth Intermediate                      Young Men/Women                      (Please write only event description in the blanks under "event information." There are no codes.)                      Check one of the following:                      I am competing unattached _____                      I am competing with a club _____                      My club's name: _____                 </div>

Partner(s) Names(s): Partner  
 must fill out separate form & send appropriate fee.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sport Association Membership:  
 Membership Type - \_\_\_\_\_  
 Number - \_\_\_\_\_

**EVENT INFORMATION**

Code: \_\_\_\_\_ Event Description: \_\_\_\_\_  
 (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

Code: \_\_\_\_\_ Event Description: \_\_\_\_\_  
 (4) \_\_\_\_\_  
 (5) \_\_\_\_\_  
 (6) \_\_\_\_\_

**ENTRY FEE INFORMATION**

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

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

\$5.00 Donation: (tax deductible) \_\_\_\_\_

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

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

**Make Checks & Money Orders payable to:**  
**Sooner State Games**  
**211 N. Robinson Suite 250**  
**Oklahoma City, OK 73102**

**Pre-Order T-shirt:** (Please indicate number of shirts needed)

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

# AMATEUR ATHLETIC WAIVER, MEDICAL CONSENT, AND RELEASE OF LIABILITY

## READ AND SIGN STATEMENT BELOW

In consideration of being allowed to participate in any way in the OG+E 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 a 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 OG+E Sooner State Games, its affiliated clubs and Board of Trustees, OG+E Services, 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 hers 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 OG+E 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)

TYPE OR PRINT NAME OF ATHLETE \_\_\_\_\_

ATHLETE'S SIGNATURE (OR PARENT/GUARDIAN) \_\_\_\_\_

DATE SIGNED \_\_\_\_\_