

2017 Volleyball Team Entry Form



Registration Instructions

1. Consult the sport information pages at www.sunflowergames.com for complete registration instructions.
2. Mail completed entry form and payment to: Kansas Senior Games, 501 SE Jefferson, Suite 22, Topeka, KS 66607. Fax to 785-235-1308 or Email to ksg@sunflowergames.com.
3. Registration deadline is September 2nd. Entries received after the deadline will not be accepted or charged a \$15 late fee.
4. Team rosters and signed waivers MUST be submitted to the KSG office by 6pm on Saturday, September 2nd. Rosters will be frozen at this time. Signed waivers will not be accepted at the tournament. Teams not meeting the deadlines listed above will be pulled from the tournament and will NOT receive a refund.
5. Commemorative t-shirts will only be distributed to participants who are on the submitted team roster.

COACH/TEAM INFORMATION

Team Name: _____

Captain Name: (First) _____ (Last) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ - _____ - _____ Evening Phone: _____ - _____ - _____ Gender: M / F

Email Address: _____

Birthdate: ____ / ____ / ____ Captain T-Shirt Size: S M L XL 2XL 3XL

I hereby certify that I know and understand the rules, policies and code of conduct for my sport in the Kansas Senior Games. I certify that the ages of all my players are within the limits of the age 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. By signing below I also agree to follow all Team Roster & Waiver submission procedures.

 Captain Signature Date

Please circle the appropriate division:

50+ 55+ 60+ 65+ 70+ 75+ 80+ 85+

IMPORTANT: Team Roster must be submitted to the KSG office by September 2nd!
All teams must supply line judges and score keepers for designated matches, using the USAV Format.

PAYMENT INFO.

Entry Fee \$175 Make check/money order payable to SSG or enter credit card information below.

Dinner - Sept 14 (\$8/attendee) \$ _____ Check Cash Master Card Visa

Donation \$ _____ Credit Card Number _____

Expiration Date ____/____

TOTAL \$ _____ Name as it appears on card _____

Absolutely NO Refunds given. Consult Bracket Fill Policy for more information.

Office use only

PD _____ PM _____ Amount Received _____ Check # _____ ID# _____

2017 KSG Volleyball Team Roster/Waiver Form

Team Name _____

Division _____

PLEASE NOTE: THIS FORM MUST BE SUBMITTED TO THE KSG OFFICE BY SEPTEMBER 2ND!

	Name	Address	City	ST	Zip	Phone	Birthdate	Gender	Shirt Size	Signature
1.								M / F		
2.								M / F		
3.								M / F		
4.								M / F		
5.								M / F		
6.								M / F		
7.								M / F		
8.								M / F		
9.								M / F		
10.								M / F		
11.								M / F		
12.								M / F		

This document is important, must be read in its entirety and signed by each team member before any athlete is allowed to participate.

MANDATORY WAIVER: In consideration of being allowed to participate in, or assisting others in participating in the Kansas Senior 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 knowing 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 Kansas Senior Games in any manner incidental to my participation in the Kansas Senior 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 Kansas Senior 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 Kansas Senior 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. This form waives liability for negligence. I also understand that i must provide my own personal injury insurance.