

2018 CONNECTICUT MASTERS' GAMES -- Brought To You By OptumCare!

COACHES FORM

FOR OFFICIAL USE ONLY Date Rec'd _____ Amt _____



Connecticut Sports Management Group, Inc., 975 Middle Street, Unit G, Middletown, CT 06457
Phone: (860) 788 7041 Fax: (860) 894 2654
Online: www.CTMastersGames.org Email: CTMasters@CTMasters.org

SELECT SPORT: (Circle One)

BSK: 3 on 3 Basketball (\$175) SPS: Slow Pitch Softball (\$425) VLB: Volleyball (\$200)

TEAM NAME: _____

AGE DIVISION _____ TEAM GENDER: (Circle One) Male Female Co-ed (VLB ONLY)

ATHLETES ON ROSTER _____

Head Coach/Manager/Captain (First & Last Name) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone # _____

Email: _____

Assistant Coach /Manager/Captain (First & Last Name) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone # _____

Email: _____

HOW DID YOU HEAR ABOUT THE CT MASTERS' GAMES? (Circle Best)

Coach Email Newspaper Postcard Poster Previous Participant Radio Web Search Other: _____

PAYMENT INFORMATION:

Checks: Please make checks payable to: CSMG

Credit Cards: Please call our office to arrange for payment. 860-788-7041 or Register Online: www.CTMastersGames.org

BEFORE SUBMITTING PLEASE BE SURE YOU HAVE:

1. Completed Coaches Form
2. Completed Team Roster (All sections complete)
3. Shirt sizes for all players on your roster
4. Completed Team Sport Athlete Form for each athlete on roster
5. ONE check covering the entire entry fee for appropriate sport
6. Please mail completed form to:

Connecticut Sports Management Group, Inc.
975 Middle Street, Unit G
Middletown, CT 06457
Email: CTMasters@CTMastersGames.org

FOLLOW US!



Connecticut Masters' Games

2018 CONNECTICUT MASTERS' GAMES - TEAM ROSTER FORM

Rules, Fees, and/or Register Online: www.CTMastersGames.org



Select Sport: **Basketball** (max roster 10)

Softball (max. roster 22)

Volleyball (max. roster 15)

Age Divisions: 30-39 40-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90+

TEAM NAME: _____ Division _____

Head Coach/Captain: _____ Email: _____ Best Phone: _____

Asst Coach /Co-Captain: _____ Email: _____ Best Phone: _____

Score Keeper: _____ Email: _____ Best Phone: _____

Team Gender: Male Female Team Uniform Colors: _____

Each athlete and coach on team must turn in a properly completed and signed Team Athlete Waiver.

TEAM MEMBERS:

<u>Player #</u>	<u>F. Name</u>	<u>L. Name</u>	<u>Date of Birth</u>	<u>T-Shirt Size (S, M, L, XL, 2X, 3X)</u>	<u>Athlete Waiver</u>
1.	_____	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	_____	<input type="checkbox"/>
6.	_____	_____	_____	_____	<input type="checkbox"/>
7.	_____	_____	_____	_____	<input type="checkbox"/>
8.	_____	_____	_____	_____	<input type="checkbox"/>
9.	_____	_____	_____	_____	<input type="checkbox"/>
10.	_____	_____	_____	_____	<input type="checkbox"/>



TEAM NAME: _____

COACH/CAPTAIN: _____

Each athlete on the team must turn in a properly completed and signed Team Athlete Waiver.

TEAM MEMBERS: (Please PRINT)

<u>Player #</u>	<u>F. Name</u>	<u>L. Name</u>	<u>Date of Birth</u>	<u>T-Shirt Size</u> (S, M, L, XL, 2X, 3X)	<u>Athlete Waiver</u>
11.	_____	_____	_____	_____	<input type="checkbox"/>
12.	_____	_____	_____	_____	<input type="checkbox"/>
13.	_____	_____	_____	_____	<input type="checkbox"/>
14.	_____	_____	_____	_____	<input type="checkbox"/>
15.	_____	_____	_____	_____	<input type="checkbox"/>
17.	_____	_____	_____	_____	<input type="checkbox"/>
17.	_____	_____	_____	_____	<input type="checkbox"/>
18.	_____	_____	_____	_____	<input type="checkbox"/>
19.	_____	_____	_____	_____	<input type="checkbox"/>
20.	_____	_____	_____	_____	<input type="checkbox"/>
21.	_____	_____	_____	_____	<input type="checkbox"/>
22.	_____	_____	_____	_____	<input type="checkbox"/>

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TEAM SPORT ATHLETE WAIVER



SPORT: _____ AGE DIVISION: _____

TEAM NAME: _____ COACHES NAME: _____

Athlete Name: _____ Gender: Male Female

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth : _____ Age(on 12/31/18): _____

Email: _____ T-shirt Size: S M L XL 2X 3X Other _____

Previous National Senior Games Athlete? Yes No NSGA #: _____ or Don't Know

HOW DID YOU HEAR ABOUT THE CT MASTERS' GAMES? (Circle Best)

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ATHLETE'S WAIVER, PLEDGE AND CONSENT AGREEMENT

In consideration of the acceptance of my entry into the competition known as the Connecticut Masters' Games, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to my person or property arising out of the performance or failure of performance of the State of Connecticut, the Connecticut Masters' Games, the Nutmeg State Games, any and all sponsors, groups providing sanction or approval, owners of the sites, and/or the respective officer/agents, representatives, successors and/or assigns of the parties named above for any and all claims for damage to person or property sustained by me in connection with, association or entry in, and/or arising from activity related to the Connecticut Masters' Games.

I have full knowledge that the sport in which I have entered carries significant risk of personal injury, in some cases very severe injury, even death. I also agree that I am responsible for my own safety. I declare that to the best of my knowledge, I am in good physical condition and have no disease or injury that would be aggravated by my participation in activities related to the Connecticut Masters' Games.

I, also, declare on my honor that I am an amateur and fulfill the conditions stipulated by the Connecticut Masters' Games. I agree that if I am selected for competition at the Finals of the Games, I will compete in the Games, keep myself in top physical condition, retain my amateur status and make myself available for training wherever and whenever possible. I will also appear and participate in the Opening Ceremonies and report to the press tent for pictures, interviews, as directed by Connecticut Masters' Games authorities.

I understand that the consumption of alcohol beverages or non-prescribed drugs at any Connecticut Masters' Games venues, events, or dormitories is strictly prohibited and that failure to conduct myself in a socially responsible manner (to be determined by Connecticut Masters' Games authorities) will result in immediate expulsion from the Connecticut Masters' Games.

I hereby consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the Connecticut Masters' Games in any manner incidental to my participation in the Connecticut Masters' Games and without compensation to me. I declare that I have personal medical coverage and that I have read all of the above and understand the release waiver, and by signing it agree to all its items.

BY ENTERING AND PARTICIPATING IN THE CONNECTICUT MASTERS' GAMES, ALL ATHLETES AGREE TO ABIDE BY THE RULES, REGULATIONS AND DISCIPLINARY ACTION OF THE GAMES' ADMINISTRATORS. FAILURE TO DO SO MAY RESULT IN SUSPENSION, EXPULSION AND/OR FORFEITURE.

Athlete Signature _____ Print Name _____ Date _____

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