



# PICKLEBALL

## INDIVIDUAL REGISTRATION FORM

### WINTER 2019

Please fill out all information as completely as possible. All athlete participants MUST sign the Amateur Athlete Waiver and Release of Liability.

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Email (Required): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

**MEDIA RELEASE** Do you give permission to release your email and phone number to members of the media interested in interviewing you about your participation in the Badger State Games?  Yes  No

Pickleball is a doubles only event.

**Rules:**

Event will be round robin - max 24 teams

Your Ranking: \_\_\_\_\_

Self-Rank or by Tournament Play: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

How did you hear about Badger State Games?: \_\_\_\_\_

How many times have you participated in the games? \_\_\_\_\_

**Please fill out for our records. Thank you!**

Mail/Fax/Online recieved by 2/17/19

\$38 Per person for Doubles Events

Additional events: \$10 per person

TOTAL: \_\_\_\_\_  Cash  Check # \_\_\_\_\_

**Official Team Roster:**

Team Member Name (Please Print)	Shirt Size	Phone Number	Team Member Ranking

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

Name as appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVV (3 digit code on back): \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Please make checks payable to:

**Badger State Games**

219 Jefferson Street  
Wausau, WI 54403

Phone: 715-359-2306

Fax: 715-359-2306

**TOTAL:** \_\_\_\_\_

# BADGER STATE GAMES EVENT WAIVER

## AMATEUR ATHLETE WAIVER AND RELEASE OF LIABILITY

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 certify that I am a parent or guardian of said participant, if the participant is under age 18, and I enter into this Agreement on the participant's and my behalf.
2. 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.
3. 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.
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. 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.
6. 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.
7. 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.
8. I agree to accept the BADGER STATE GAMES no-refund policy. I understand that no refunds are granted based on the following
  - a) a registrant's failure to participate due to any reason,
  - b) the cancellation of the event due to weather or other acts of God.

I understand that BADGER STATE GAMES has the right to modify events based on site conditions and no refunds based on the modifications of events.

By signing the waiver you are giving us permission to release your email and phone number to members of the media interested interviewing you about your participating in the Badger State Games.

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

*I HAVE READ THIS RELEASE*

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE IF PARTICIPANT IS UNDER AGE 18