

# BSG Team Roster Registration Form

**REGISTER ONLINE**  
at [badgerstategames.org](http://badgerstategames.org) and save money!

**TO ENTER A TEAM:** Complete directions for the team entry procedure are found on the team registration page of the web site.

- The contact person for the team must complete this team roster. Only the team contact will receive information from the BSG office regarding competition.
- Each playing team member must be listed on this roster and must sign the waiver on the back 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. Do not list non-playing coaches/managers on Official Team Rosters, *however they must sign waiver on back*. In keeping with olympic tradition the coaches do not receive t-shirts or medals.
- 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.*
- Send completed roster forms to: **Wisconsin Sports Development Corp., P.O. Box 7788, Madison, WI 53707-7788.** Make checks payable to: **Wisconsin Sports Development Corp.** Our office is located at : **2846 Agriculture Dr., Madison, WI 53718**
- T-shirt sizes are Youth (14-16), and Adult S, M, L, XL and XXL. T-shirts are 100% cotton so please allow for shrinking when choosing size. T-shirts **cannot** be exchanged for different sizes.

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

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

Account # : \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

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

**FEES**

Base Fee _____
Per Player Fee _____
<b>TOTAL</b> _____

## TEAM INFORMATION

WAHA Region (Hockey)	Team Contact's Name		
City Representing (one only)	Contact's Address		
Team Name	Contact's City	Contact's Zip	Contact's County
Jersey Color	Contact's Day Phone ( ) - ( ) -	Contact's Evening Phone ( ) -	
Sport	Contact's FAX	Contact's Birth Date (mm/dd/yy) / /	
Event Description (division & level for hockey)	Contact's Email		

## OFFICIAL TEAM ROSTER

Printed Players Name	T-shirt Size Y S M L XL XXL	Phone Number	Jersey Number	Age	Date of Birth mm/dd/yy	Gender M / F	Waiver Signed
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							
19)							
20)							

**All athletes & coaches/managers must sign waiver on back!**

Office Use Only	Entered: _____	By: _____	Check #: _____	Amount: _____	of: _____	Y _____ S _____ M _____ L _____ XL _____ XXL _____
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## 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 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.
2. 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.
3. I assume all the foregoing risks and accept personal responsibility for my personal damages following my injury, permanent disability or death.
4. Intending to be legally bound, I do hereby release, waive, discharge and covenant not to sue Wisconsin Sports Development Corporation, 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.
5. 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.
6. 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.
7. 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.  
**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*

	PRINTED PLAYERS NAME (PARENT/GUARDIAN IF UNDER 18)	ADDRESS	CITY	ZIP	Team Name	Sport
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						
19)						
20)						
	Coach)					
	Coach)					

If you are a non-player write "coach" in the Player name box.