COVENTRY
COMMONWEALTH
GAMES
of Virginia

# 2009
# TEAM ENTRY FORM

Instructions:
- This form must be filled out by a COACH or TEAM REPRESENTATIVE.
- The entry fee MUST accompany this form. **There is an additional $20 fee for all mail in forms. To avoid this fee please register online at www.commonwealthgames.org**
- **Important: Each team member (or parent/guardian if under 18) MUST sign the waiver on the reverse side of this form.**

**ENTRY FORMS WILL NOT BE ACCEPTED WITHOUT A ROSTER AND PAYMENT.**

**Event Code (Division):** (_ _) - (_ _) **Sport** _____

Team Name _____

Team Contact _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

Email Address _____

**CREDIT CARD INFORMATION:** **MasterCard**_____ **Visa**_____

Card Number _____
Expiration Date _____
Cardholder Name _____
Cardholder Signature _____

I hereby give VAS permission to deduct the specified amount

Entry Fee: $_____
Late Fee: $_____
Please include $1 extra charge for each XXL, $2 for 3X, $3 for 4X: $_____
Subtotal: $_____
$20 Fee For Mail In Forms: $_____
Total: $_____

| Player's Name | Birth Date | Address | City/State/Zip | T-Shirt Size** |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

** T-Shirts will come in adult sizes S, M, L, XL, XXL. Please include $1 extra charge for each XXL, $2 for XXXL, $3 for XXXXL.

**To: All Coaches**

**Please have every member of your official roster sign this form and return it with your entry fee. This form may be copied.**

## Release and Waiver of Liability

I am aware that during my participation and attendance at the Coventry Commonwealth Games of Virginia ("Games") and related services and activities, Virginia Amateur Sports, Inc. and its agents, employees and associates ("Sponsor"), will be providing various facilities and arrangements for the Games, and that certain risks and dangers may arise, including but not limited to hazards inherent in the sport(s) in which I will be training preparing or competing; negligent or other careless acts and omissions by other participants, spectators and the Sponsor; and hazardous or dangerous conditions of the facilities and grounds used as part of the Games.

In consideration of the acceptance of my entry by the Sponsor and the right granted to me to participate in and attend the Games and related activities, I do hereby assume all of the above risks, and agree that, in the event of any injury to me as a result of an accident which occurs during my involvement and participation in the Games, my recovery against the Sponsor, shall be limited to a claim for medical expenses incurred as a result of the injury, and only to the extent that such medical expenses are not otherwise covered or paid by my insurance coverage, medical or otherwise. Furthermore, for this consideration, I agree to present any claim for personal injury to the Sponsor within six (6) months from the date of injury; if I fail to do so, I agree that I will have waived any and all right I have to recover against the Sponsor for said injury.

Additionally, in consideration and acceptance of my entry by the Sponsor and the right to participate in and attend the Games and related activities, I consent to receive any and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the Sponsor or its agents. I also grant Virginia Amateur Sports, Inc. permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of the Coventry Commonwealth Games of Virginia.

**(Following portion pertains only to parent or guardian of a participant who is 17 years of age or younger)**

I have read and consent to the above limitations on recovery and agree on my and my child's behalf that any recovery against the Sponsor for injury arising as a result of an accident which occurs during my child's involvement and participation in the Games, should said injury occur due to the negligence of the Sponsor, shall be limited to a claim for medical expenses incurred as a result of said injury, and only to the extent that such medical expenses are not otherwise covered or paid by my or my child's insurance coverage, medical or otherwise. Furthermore, for this consideration, I agree to present any claim for personal injury to my child to the Sponsor within six (6) months from the date of injury; if I or my child fail to do so, I agree that I will have waived any and all right I have to recover against the Sponsor for said injury.

Additionally, in consideration and acceptance of my child's entry by the Sponsor and the right to participate in and attend the Games and related activities, I consent that my child receive any and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the Sponsor or its agents. I also grant Virginia Amateur Sports, Inc. permission to use my child's likeness, voice, and words in television, radio, film, or in any form to promote activities of the Coventry Commonwealth Games of Virginia. I also understand that there will be no refunds.

| Athlete's Signature | Parent's Signature | Athlete's Signature | Parent's Signature |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |