

# 2017 ShopRite Nutmeg State Games- COACHES FORM

Rules, Fee Information & Online Registration available at: [WWW.NutmegStateGames.org](http://WWW.NutmegStateGames.org)!

Phone: (860)788 7041 Fax: (860) 894 2654 Email: [Nutmeg@nutmegstategames.org](mailto:Nutmeg@nutmegstategames.org)



## SELECT SPORT: (Circle One)

BSL: Baseball

BKL: Basketball

FPS: Fast Pitch Softball

FHY: Field Hockey

IHY: Ice Hockey

LAX: Lacrosse

RHY: Roller Hockey

SOC: Soccer

WLF: Weight Lifting

OTHER: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

AGE DIVISION: \_\_\_\_\_ TEAM GENDER: (Circle One) Male Female

# ATHLETES ON ROSTER: \_\_\_\_\_ REGION\*: (Circle One) North South East West

\*Visit: [https://nutmegstategames.org/images/docs/NSG\\_Region\\_Map\\_and\\_Town\\_List.pdf](https://nutmegstategames.org/images/docs/NSG_Region_Map_and_Town_List.pdf)

Head Coach (First & Last Name) : \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Assistant Coach (First & Last Name): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT THE SHOPRITE NUTMEG STATE GAMES? (Circle Best)

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

## PAYMENT INFORMATION:

**Checks:** Please make checks payable to: CT Sports Management Group

**Credit Cards:** Please call our office to arrange for payment: 860-788-7041

**Register Online:** [www.NutmegStateGames.org](http://www.NutmegStateGames.org)

## BEFORE SUBMITTING PLEASE BE SURE YOU HAVE:

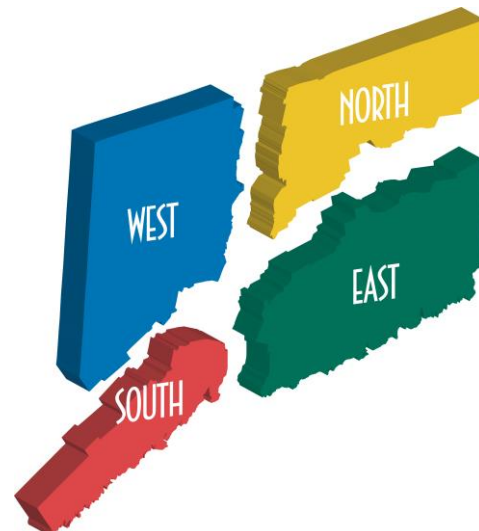
1. Completed Coaches Form
2. Completed Team Roster (All sections complete)
3. Shirt sizes for all players on your roster
4. Completed Team Sport Athlete Form for each athlete on roster
5. Proof of Age (e.g. Copy of Birth Certificate) for each athlete on roster
6. ONE check covering the entire entry fee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

Connecticut Sports Management Group, Inc.

975 Middle Street, Unit G

Middletown, CT 06457

Email: [Nutmeg@NutmegStateGames.org](mailto:Nutmeg@NutmegStateGames.org) Fax: (860) 894-2654



## FOLLOW US!



NutmegStateGames



@NutmegStateGames

# 2017 SHOPRITE NUTMEG STATE GAMES TEAM ROSTER FORM FOR OFFICIAL USE ONLY Date Rec'd \_\_\_\_\_ ANT \_\_\_\_\_

Phone: (860) 788 7041 Fax: (860) 894 2654 Online: [www.nutmegstategames.org](http://www.nutmegstategames.org) Email: [Nutmeg@NutmegStateGames.org](mailto:Nutmeg@NutmegStateGames.org)

TEAM NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

HEAD COACH: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

ASSISTANT COACH: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

SCORE KEEPER: \_\_\_\_\_

TEAM GENDER:  Male  Female TEAM UNIFORM COLORS: \_\_\_\_\_

REGION: \* (Circle One): **North** **South** **East** **West** \*For Region Map Visit: <https://NutmegStateGames.org/enter>

**Each athlete on the team MUST HAVE a properly completed Team Sport Athlete Entry Form (signed waiver) and Proof of Age.**

TEAM MEMBERS: (Please PRINT)

T-Shirt Count	
Size	Qty
Youth - Large	
Youth - X-Large	
Adult Small	
Adult Med	
Adult Large	
Adult XL	
Adult 2XL	



<u>PLAYER #</u>	<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>DATE OF BIRTH</u>	<u>T-SHIRT SIZE</u> (YL, YXL, S, M, L, XL, 2X)	<u>ATHLETE WAIVER</u>	<u>PROOF OF AGE</u>
1.	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
11.	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
12.	_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>



TEAM NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

COACH: \_\_\_\_\_

**Each athlete on the team MUST HAVE a properly completed Team Sport Athlete Entry Form (signed waiver) and Proof of Age.**

**TEAM MEMBERS:** (Please PRINT)

<u>PLAYER #</u>	<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>DATE OF BIRTH</u>	<u>T-SHIRT SIZE</u> (YL, YXL, S, M, L, XL, 2X )	<u>ATHLETE WAIVER</u>	<u>PROOF OF AGE</u>
13.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
14.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
15.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
16.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
17.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
18.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
19.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
20.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
21.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
22.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
23.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
24.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
25.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

# 2017 ShopRite Nutmeg State Games-TEAM SPORT ATHLETE WAIVER FORM



TEAM NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Gender:  M  F

Date of Birth: \_\_\_\_\_ T-Shirt Size: (Youth) L XL (Adult) S M L XL 2X

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # : \_\_\_\_\_

## How did you hear about the ShopRite Nutmeg State Games? (Circle Best)

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

### Release of Liability Waiver, Pledge and Consent Form

In consideration of being allowed to participate in any way with the Connecticut Sports Management Group, Inc., (hereby referred to as: CSMG), its related events and activities i.e. (Nutmeg State Games, CT Masters Games, Football Showcase, Weight Lifting Competition etc.),

I, (Print Name) \_\_\_\_\_ the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities 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 KNOWINGLY 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 CSMG immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS CSMG, Inc, their officers, officials, agents and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessor's of premises used or the activity ("Releasees") WITH REPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEESEES OR OTHERWISE, to the fullest extent permitted by law; and,
5. 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 CSMG, Inc. (Nutmeg State Games, CT Masters Games etc.), its related events and activities; and,
6. I, also, declare on my honor that I am an amateur and fulfill the conditions stipulated by the CSMG, Inc. (Nutmeg State Games, CT Masters Games etc.), and its related events and activities. 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 (when conducted) and report to the press tent for pictures, interviews, as directed by the company's authorities; and,
7. I hereby consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the Nutmeg State Games in any manner incidental to my participation in the Nutmeg State 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 and waiver, and by signing it agree to all its items.

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.

PARTICIPANTS SIGNATURE \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant do consent and agree to his/her release as provided above of all the Releasee's, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasee's from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE SIGNED