

# 2005 EMPIRE STATE WINTER GAMES SYNCHRONIZED SKATING TEAM ENTRY FORM

PLEASE PRINT:

Team Name: \_\_\_\_\_

City or Town team will represent \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact email \_\_\_\_\_

Phone (daytime) \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

**Category:** Please circle the category for your team: (use ONLY these categories)

**SENIOR**

**COLLEGIATE**

**JUNIOR**

**INTERMEDIATE**

**JUNIOR CLASSIC**

**Program Length:** Please indicate your program length: \_\_\_\_\_

**FEE:**

Number of Skaters on team \_\_\_\_\_ (including up to 2 alternates)

\_\_\_\_\_ number of skaters x \$20.00 = \_\_\_\_\_ + \$125.00 = \_\_\_\_\_ (Fee enclosed)

Enclose a check or money order payable to "ESG" and return with this form, as well as the roster form, and an entry form for each skater. Fee and forms must be **received** in the ESG Office by 3PM, **JANUARY 18, 2005** (postmarks do not apply). Mail it to:

Empire State Games  
Skating Team Entry  
1 Empire State Plaza  
Albany, NY 12238

**2005 EMPIRE STATE WINTER GAMES  
SYNCHRONIZED SKATING TEAM ROSTER**

Team Name: \_\_\_\_\_ Team Level: \_\_\_\_\_ # Team Members \_\_\_\_\_

Coach/Captain: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

X here if  
entered in  
individual  
event

#	Last Name	First Name	Age*	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

\* Age as of February 25, 2005

*Be sure to return this form along with the team entry form, an entry form for each skater, and their birth certificate.*



THE WAIVER BELOW MUST BE SIGNED BY PARTICIPANT **AND** IF PARTICIPANT IS UNDER 18 (EIGHTEEN) YEARS OF AGE BY THEIR PARENT OR GUARDIAN.

### WAIVER & MEDICAL RELEASE

I, then undersigned, hereby 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 New York, the New York State Office of Parks, Recreation, and Historic Preservation, the owner of the site of regional and/or finals competition I may be participating in, or the respective officers, agents, representatives, successors and/or assignees of the parties named above, from any and all claims, demands, and liability of every kind and nature, legal or equitable occasioned by or arising out of my participation in the competition known as the Empire State Games.

I recognize the challenges of the event(s) in which I have chosen to participate and I assume all risks of personal injury or death in connection therewith. I attest that I am sufficiently physically fit to participate safely therein, and that I have not been advised otherwise by a qualified medical person.

I hereby consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the Empire State Games in any manner incidental to my participation in the Empire State Games and without compensation to me.

I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so. I understand that I am responsible for any charges incurred by me for medical treatment.

I HAVE READ THIS RELEASE

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Participant's Signature

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### TO BE COMPLETED BY PARENT OR GUARDIAN OF PARTICIPANT UNDER 18 YEARS OF AGE.

I have read the foregoing "Release of Liability" by \_\_\_\_\_ (print name of participant) of whom I am either a parent or guardian, and I agree that I shall be bound by its terms and conditions as is I were signatory thereto. Furthermore, I hereby release the State of New York, the Office of Parks, Recreation, and Historic Preservation, its officers, employees, agents and representatives from any and all claims which may accrue to me arising out of or in connection with the participation of \_\_\_\_\_ (participant) in the Empire State Games, and I hereby agree to indemnify and save harmless the State of New York from any damages or costs awarded to (participant) arising out of connection with his or her participation in the Empire State Games. I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so. I understand that I am responsible for any charges incurred by (participant) for medical treatment.

I HAVE READ THIS RELEASE

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Signature of Parent or Guardian if Participant is under 18 years of age