

2024 CONNECTICUT MASTERS' GAMES

COACHES FORM

FOR OFFICIAL USE ONLY Date Rec'd _____ Amt _____

Connecticut Sports Management Group, Inc., 975 Middle Street, Unit G, Middletown, CT 06457
Phone: (860) 788 7041 Fax: (860) 894 2654
Online: www.CTMastersGames.org Email: CTMasters@CTMastersgames.org



SELECT SPORT: (Circle One)

BSK: 3 on 3 Basketball (\$175) SPS: Slow Pitch Softball Men's (\$500) Women's (\$450) VLB: Volleyball (\$200)

TEAM NAME: _____

TEAM GENDER: (Circle One) Male Female AGE DIVISION _____ SPS M/W Team Rank _____
ATHLETES ON ROSTER _____

Head Coach/Manager/Captain (First & Last Name) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone # _____

Email: _____

Assistant Coach/Manager/Captain (First & Last Name) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone # _____

Email: _____

HOW DID YOU HEAR ABOUT THE CT MASTERS' GAMES? (Circle Best)

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

PAYMENT INFORMATION:

Checks: Please make checks payable to: CSMG

Credit Cards: Please call our office to arrange for payment. 860-788-7041 or Register Online: www.CTMastersGames.org

BEFORE SUBMITTING PLEASE BE SURE YOU HAVE:

1. **Completed Coaches Form**
2. **Completed Team Roster** (including T-shirt sizes)
3. **Completed Team Athlete Waiver** for each athlete on roster
4. **ONE check** covering the entire entry fee for appropriate sport
6. **Please mail completed form to:**

Connecticut Sports Management Group, Inc.
975 Middle Street, Unit G
Middletown, CT 06457

Questions: Email: CTMasters@CTMastersGames.org

Tel: 860-788-7041

2024 CONNECTICUT MASTERS' GAMES - TEAM ROSTER FORM

Rules, Fees, and/or Register Online: www.CTMastersGames.org



Select Sport: **Basketball** (max roster 10)

Softball (max. roster 22)

Volleyball (max. roster 15)

Age Divisions: 30-39 40-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90+

TEAM NAME: _____ Division _____

Head Coach/Captain: _____ Email: _____ Best Phone: _____

Asst Coach /Co-Captain: _____ Email: _____ Best Phone: _____

Score Keeper: _____ Email: _____ Best Phone: _____

Team Gender: Male Female Team Uniform Colors: _____

Each athlete and coach on team must turn in a properly completed and signed Team Athlete Waiver.

TEAM MEMBERS:

<u>Player #</u>	<u>F. Name</u>	<u>L. Name</u>	<u>Date of Birth</u>	<u>T-Shirt Size (S, M, L, XL, 2X, 3X)</u>	<u>Athlete Waiver</u>
1.	_____	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	_____	<input type="checkbox"/>
6.	_____	_____	_____	_____	<input type="checkbox"/>
7.	_____	_____	_____	_____	<input type="checkbox"/>
8.	_____	_____	_____	_____	<input type="checkbox"/>
9.	_____	_____	_____	_____	<input type="checkbox"/>
10.	_____	_____	_____	_____	<input type="checkbox"/>

2024 CONNECTICUT MASTERS' GAMES TEAM ROSTER FORM



CONNECTICUT
MASTERS'
GAMES

Celebrating Master And Senior Athletes

Presented By



TEAM NAME: _____

COACH/CAPTAIN: _____

Each athlete on the team must turn in a properly completed and signed Team Athlete Waiver.

TEAM MEMBERS: (Please PRINT)

<u>Player #</u>	<u>F. Name</u>	<u>L. Name</u>	<u>Date of Birth</u>	<u>T-Shirt Size</u> <u>(S, M, L, XL, 2X, 3X)</u>	<u>Athlete</u> <u>Waiver</u>
11.	_____	_____	_____	_____	<input type="checkbox"/>
12.	_____	_____	_____	_____	<input type="checkbox"/>
13.	_____	_____	_____	_____	<input type="checkbox"/>
14.	_____	_____	_____	_____	<input type="checkbox"/>
15.	_____	_____	_____	_____	<input type="checkbox"/>
17.	_____	_____	_____	_____	<input type="checkbox"/>
17.	_____	_____	_____	_____	<input type="checkbox"/>
18.	_____	_____	_____	_____	<input type="checkbox"/>
19.	_____	_____	_____	_____	<input type="checkbox"/>
20.	_____	_____	_____	_____	<input type="checkbox"/>
21.	_____	_____	_____	_____	<input type="checkbox"/>
22.	_____	_____	_____	_____	<input type="checkbox"/>

2024 CONNECTICUT MASTERS' GAMES - Brought To You By Cigna Medicare Advantage!

TEAM ATHLETE WAIVER



CONNECTICUT
MASTERS'
GAMES
Celebrating Master And Senior Athletes



SPORT & Division: _____ Team Name _____

Athlete Name _____ Gender: Male Female

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth: _____ Age on 12/31: _____

Email: _____ T-shirt Size: S M L XL 2X 3X Other _____

Previous National Senior Games Athlete? Yes No

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. National Senior Games Association, National Congress of State Games, (hereby referred to as: CSMG, NSGA and NCSG respectively), any and all related events and activities i.e.: Nutmeg State Games, CT Masters Games, Northeast 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 RELEEEASEES 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 all of its related events and activities. I will compete in the Games, keep myself in top physical condition and retain my amateur status; and,
7. I hereby consent to allow my picture or likeness to appear on web and social media pages as well as promotional materials related to the "Games". I hereby also 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; and,
8. I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from: an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof; and,
9. I agree to touch-free temperature checks upon arrival at any facility. I consent to wearing a mask (face covering) as required per facility or State mandate; and,
10. I declare that I have personal medical coverage and that I have read the release and waiver and by signing it agree to all of its items.

In consideration of having the opportunity to participate as either a team member or competitor at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify the aforementioned CSMG, NSGA, NCSG, and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

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. BY ENTERING AND PARTICIPATING IN THE CONNECTICUT MASTERS' GAMES, ALL ATHLETES AGREE TO ABIDE BY THE RULES, REGULATIONS AND DISCIPLINARY ACTION OF THE GAMES' ADMINSTRATORS. FAILURE TO DO SO MAY RESULT IN SUSPENSION, EXPULSION AND/OR FORFEITURE.

Athlete Signature _____ Print Name _____ Date _____