



## Swimming June 21, 2014

**ASF Foundation Contact**  
Ryan Guthrie  
[ryan.guthrie@asffoundation.org](mailto:ryan.guthrie@asffoundation.org)

**Meet Director**  
Sarah Barlow  
[barlows12@gmail.com](mailto:barlows12@gmail.com)

**Venue**  
Birmingham Crossplex  
2337 Bessemer Road  
Birmingham, AL 35208  
(205) 279-8900

### REGISTRATION FEES & DEADLINES

Standard Registration	Fee	Deadline
Youth & Masters	\$5 per event (Individual & Relay)	Received by June 17, 2014
Register online at <a href="http://www.alagames.com">www.alagames.com</a>		

### EVENT SCHEDULE

#### Friday, June 20, 2014

6:45 p.m. Opening Ceremonies at BJCC Arena - FREE Opening Ceremonies Parade of Athletes T-Shirt!

(Available to coaches & athletes participating in the Opening Ceremonies and registered by the standard registration deadline.)

#### Saturday, June 21, 2014

8:00 a.m. - 8:50 a.m. Open Warm Ups

9:00 a.m. Competition Begins

### EVENT RULES & FORMAT

#### Eligibility

This is an open meet.

#### Seeding

Event seeding will be TIMED FINALS.

#### Pool

25 yards, 10 lanes, with non-turbulence lane ropes. The competition course has been certified in accordance with 104.2.2C(4). Water depth is a consistent 8 feet deep from both ends of short course competition.

#### Timing

Fully automatic Colorado System 5000 electronic timing equipment.

#### Rules

2014 USA Swimming Rules will govern the meet. Warm up/warm down available at all times.

#### Age

Swimmer's age on the first day of the meet will determine the age for the meet.

#### Scoring

1st-7 points, 2nd-5 points, 3rd-4 points, 4th-3 points, 5th-2 points, 6th-1 point

#### Safety

In the interest of safety and accident prevention, coaches and swimmers are asked to observe all posted pool rules and facility rules referred to in this meet information and to conduct themselves in a safe and prudent manner. USA Swimming Meet Safety Guidelines and Warm-Up Procedures will be in effect.

### AWARDS

Alabama State Games Medals will be awarded in each individual event for each age group, announced and available for pick-up throughout the event. (This is to cut down on the length of the Award Ceremony). Trophies will be awarded to the top three teams in each division. (There will be a small, medium and large division, with total team size determining a team's placement.)

# ORDER OF EVENTS

## FEMALES WILL GO FIRST FOLLOWED BY MALES IN EACH EVENT

8 & Under 100 Freestyle Relay

9-10 200 Freestyle Relay

11-12 200 Freestyle Relay

13-14 200 Freestyle Relay

15-18 200 Freestyle Relay

19-29 200 Freestyle

30-49 200 Freestyle

50 & Over 200 Freestyle

8 & Under 25 Freestyle

9-10 50 Freestyle

11-12 50 Freestyle

13-14 50 Freestyle

15-18 50 Freestyle

19-29 50 Freestyle

30-49 50 Freestyle

50 & Over 50 Freestyle

8 & Under 25 Backstroke

9-10 50 Backstroke

11-12 50 Backstroke

13-14 50 Backstroke

15-18 50 Backstroke

19-29 100 Backstroke

30-49 100 Backstroke

50 & Over 100 Backstroke

8 & Under 100 IM

9-10 100 IM

11-12 100 IM

13-14 100 IM

15-18 100 IM

19-29 200 IM

30-49 200 IM

50 & Over 200 IM

8 & Under 25 Breaststroke

9-10 50 Breaststroke

11-12 50 Breaststroke

13-14 50 Breaststroke

15-18 50 Breaststroke

19-29 100 Breaststroke

30-49 100 Breaststroke

50 & Over 100 Breaststroke

8 & Under 25 Butterfly

9-10 50 Butterfly

11-12 50 Butterfly

13-14 50 Butterfly

15-18 50 Butterfly

19-29 100 Butterfly

30-49 100 Butterfly

50 & Over 100 Butterfly

8 & Under 50 Freestyle

9-10 100 Freestyle

11-12 100 Freestyle

13-14 100 Freestyle

15-18 100 Freestyle

19-29 100 Freestyle

30-49 100 Freestyle

50 & Over 100 Freestyle

**All Masters Events will be scored as Female/Male:**

**19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & Over**

# FAQ's (Frequently Asked Questions)

## What is the Alabama State Games?

The ASF Foundation's Alabama State Games program instills in our athletes the importance of academic excellence and good citizenship, providing opportunities to compete in Olympic-style games. The Alabama State Games is a United States Olympic Committee State Games Program Participant and is part of a nationwide network of State Games. The ASF Foundation is a 501(c)3 non-profit organization.

## Who can compete?

All Alabama residents, college students and military personnel who've lived in Alabama for at least 30 days prior to the day of competition and meet the specific requirements for their specific sport of interest, can compete. Alabama residents attending college or serving in the military in another state are also eligible to compete. Participants in developing sports residing close to a neighboring state line may be eligible to compete.

The ASF Foundation reserves the right to restrict individuals and/or teams from competing in the Games for the best interest of the event.

## When and where will State Games be held?

Alabama State Games XXXII will be held June 20 - 22, 2014, in Birmingham, AL. Check each sport specific page for times and dates of each event. Opening Ceremonies for all athletes will be held Friday, June 20, 2014 at 6:45 p.m. CDT.

## Commemorative Opening Ceremonies Parade of Athletes T-shirt

The Commemorative Opening Ceremonies Parade of Athletes T-shirt is a FREE thank-you gift from the ASF Foundation for your participation in the Opening Ceremonies Parade of Athletes.

We encourage you to wear your T-shirt as you represent your region in the Parade of Athletes.

Your registration confirmation will detail time and location to pick-up the T-shirt prior to Opening Ceremonies.

## How do I register?

To enter the Alabama State Games, read the information concerning your specific sport of interest, then follow the registration instructions to register online or by mail. Athletes may compete in any number of sports, yet conflicts in scheduling are the responsibility of the athlete.

## Do I have to provide proof of age?

Proof of age is required. Copies of Birth Certificate, Alabama High School Athletic Association (AHSAA, AISA) eligibility list, military I.D. and/or driver's license are acceptable proof-of-age documents. Do not mail or hand-deliver any proof-of-age documents to the ASF Foundation. The coach/participant should have proof-of-age documentation on hand at the event site. In case of eligibility disputes, lack of proper documentation may result in disqualification of individual participants and/or the team.

## How is entry confirmation handled?

Each team's Head Coach will receive a Confirmation Packet by mail approximately one week before the Alabama State Games competition. Participants registered for individual sports will receive their own confirmation packet by mail or via email after registration is complete.

## What type of awards?

Alabama State Games medals are awarded to 1st, 2nd, and 3rd place in each event. Athletes are responsible for awards pick-up at venue on the day of the event.

## Lodging Accommodations

Athletes and coaches are responsible for their own lodging and food, and checking and agreeing to the hotel cancellation policy.

Arrangements have been made with area hotels for a special athletic rate for participants in the Alabama State Games. A complete list of official hotels can be found at [www.alagames.com](http://www.alagames.com).

Please advise the hotel that you are part of the Alabama State Games and wish to receive the special athletic rate.

## What about medical emergency?

In the event of an emergency, injury or illness, medical aid is available at each venue. Competition preparation, such as taping, is the responsibility of the participant.

## What uniform should I wear?

All contestants must comply with uniform requirement of their sport. The ASF Foundation reserves the right to disqualify any participant whose uniform is thought to negatively affect the integrity of the Alabama State Games.

## Volunteer Opportunity

You can offer your expertise and services by submitting the volunteer form. If you have further questions about volunteering, call our office at 800-467-0422 or visit [www.alagames.com](http://www.alagames.com).

## What are the registration fees, what about the refund policy and what about weather issues?

Each sport has its own entry fee requirements. Consult the appropriate sport page of the website for entry fee amounts. There are NO REFUNDS of entry fees because of rain or other acts of nature, or if an athlete or team fails to participate. Sports using outdoor sites are weather dependent. Competitions will be conducted unless officials determine otherwise, or if the playing fields would incur significant damage.

## What about returned checks?

It is the ASF Foundation's policy to charge a \$40 service fee for returned checks in addition to the amount of the original check. The applicant will only be able to participate when the entry fee and service fee have been paid.

## What about insurance coverage?

Insurance is the responsibility of each participant. In some instances, the National Governing Body (NGB), which sanctions an event, may have secondary coverage. In the event of an emergency, injury or illness, medical aid will be contacted.

## What behavior is expected?

Participation in the Alabama State Games as an athlete, coach, parent or spectator is a privilege that can be revoked for inappropriate behavior. We expect everyone to conduct themselves in a sportsmanlike manner or be subject to ejection from the playing and spectator area.

## What is the Sports Statutory Law?

This law creates crimes of harassing, menacing and assaulting sports officials, coaches and administrators by anyone including athletes and parents. The punishments are harsher than normal for convictions for harassment, menacing and assault. For example, a second-degree assault can carry a sentence of up to 10 years in prison, but under the new law, a second-degree assault of a sports official, coach or administrator could result in a sentence of up to 20 years. This statutory law pertains to all sporting events in the state of Alabama including the State Games.

## How are disputes handled?

Judgement calls made by officials are final. No video camera appeals are allowed.

Action taken against athletes and/or coaches who are proven to be in violation of the framework and/or rules of the sports in which they are participating shall be determined by a Protest Committee consisting of the Tournament Director and/or Sport Commissioner, ASF Foundation Sports Coordinator, and the ASF Foundation CEO.

Decisions made by the Protest Committee having immediate impact on the competition are final and will not be subject to appeal. Any decision made by the Protest Committee regarding future sanctions or penalties against a team or individual may be appealed in writing to the ASF Foundation Board of Directors. The protest will be addressed at a subsequent meeting of the Board of Directors.

In the event that rules governing player/coach eligibility, behavior and/or conduct are violated, the following sanctions may be applied:

1st violation – Forfeiture of all games played and medals won;

2nd violation – One-year suspension from competition;

3rd violation – Indefinite suspension from competition.

## **INDIVIDUAL ENTRY PROCESS (INDIVIDUALS NOT A PART OF A TEAM)**

**Max of 6 "individual" events for youth & masters NOT apart of a team.**

### **ONLINE REGISTRATION**

Individual swimmers who are NOT swimming with a team for the state games can pay/register ONLINE and check/sign the waiver form using the online registration system. Register online at [WWW.ALAGAMES.COM](http://WWW.ALAGAMES.COM).

### **REGISTRATION BY MAIL**

NOTICE!! - Individual swimmers NOT apart of a team and who DO NOT register online need to mail in a completed entry form, Individual Swimming Entry Form & payment to the ASF Foundation office at:

ASF Foundation  
P.O. Box 20327  
Montgomery, AL 36120-0327

## **TEAM ENTRY PROCEDURE**

**Max of 7 events for youth - 6 Individual & 1 Relay.**

TEAMS CAN NOT REGISTER ONLINE. Teams need to submit entries using the Hy-Tek meet manager file, which can be downloaded at [WWW.ALAGAMES.COM](http://WWW.ALAGAMES.COM).

PAYMENT MUST BE RECEIVED BEFORE MEET FILE IS SENT TO MEET DIRECTOR (SARAH BARLOW).

1. The meet events file can be downloaded on the [WWW.ALAGAMES.COM](http://WWW.ALAGAMES.COM).

Please be aware that if your team DOES NOT use the Hy-Tek team manger then you will need to complete the **TEAM ENTRY FORM** below and email it to SARAH BARLOW & mail a copy to the ASF Foundation office.

2. Complete the Hy-Tek entires file and email it to Sarah Barlow after sending payment to the ASF Foundation office.
3. Send the following items to the ASF Foundation.
  - a. A PDF copy of the Meet Entry Report.
  - b. Signed Participant Waivers
  - c. Entry Fee Check - Made Payable to:

ASF Foundation  
P.O. Box 20327  
Montgomery, AL 36120-0327

Team fees will be \$5 per event for each swimmer on the team. Example - Total number of swimmers times the total number of events times \$5 will be the total amount owed to the ASF Foundation.

## **ENTRY CONFIRMATIONS**

Participants who register ONLINE will receive a registration confirmations immediately by email. Individuals & teams who register by mail will receive confirmations by mail the week of June 9th. All ind. swimmers and teams will also receive a meet confirmation from the Meet Director no later than Monday, June 16, 2014. Please make sure a correct email contact address is listed. Psych sheets, warm-up times and all other meet information will be posted on the Alabama State Games website and sent to the email address submitted. No entry fees will be refunded. **NO LATE ENTIRES WILL BE ACCEPTED.** Swimmers should be entered in their best competitive SCY times. Entry Error: If due to a ASF Foundation error, the swimmer will be deck entered in an open lane of the heat nearest his/her entry time or in a new heat. The entire event will not be re-seeded. Masters events will be combined, but scored as Female/Male: 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & Over. In addition, the order of events may be be moved, events may be combined, or breaks might be inserted to ensure appropriate rest between swims.

# INDIVIDUAL SWIMMING ENTRY FORM - Please Use For Mailed Entries

Please Staple All Registration Charts To This Form - Fill Out This Form Completely - Please Print Clearly

NAME OF SWIMMER:		INITIALS:
ADDRESS:		
CONTACT PERSON:		PHONE NUMBER:
FAX NUMBER:	CELL PHONE:	EMAIL:

NUMBER OF EVENTS:		X \$5.00 PER EVENT ENTRY FEE =	
TOTAL DUE:			

## WAIVER FORM - Please Read Carefully And Sign

In consideration of the PARTICIPANTS being allowed to participate in any way in the ASF Foundation Alabama State Games program and related events and activities, the undersigned:

1. **ACKNOWLEDGE, FULLY UNDERSTAND** that the participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.

2. **ASSUME** all the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death.

3. **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE** ASF Foundation, Inc., sponsor of Alabama State Games, National Congress of State Games, their affiliated clubs, their promoters, other participants, operators, officials, any persons in a restricted area, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

4. **AUTHORIZE**, in the event that the participant sustains injury or illness while competing/participating in the Alabama State Games, any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and give permission for attending medical personnel to execute on behalf of the Participant permission forms or other necessary medical documents and to act on his or her behalf if he or she is not immediately available to do so.

5. **CONSENT** to allow the Participant's picture and/or likeness or voice to appear in any official documentary, promotional (including any and all advertisements) television, radio or film coverage of the Alabama State Games in any manner incidental to his or her participation in the ASF Foundation program, without compensation.

**ALL OF THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY. THIS AGREEMENT CANNOT BE MODIFIED ORALLY BY ANY PARTY.**

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature (if under 19) \_\_\_\_\_ Date \_\_\_\_\_

Printed name of parent/guardian \_\_\_\_\_

### ENTRY FEES

Please refer to specific sport information page in this Registration Packet for complete registration fee information.

☐ **YES!** I want to make a contribution to the ASF Foundation, and I understand that my contribution is tax deductible. Contributions from the private sector are the lifeblood of the ASF Foundation. **IRS Tax ID# 63-0830085**

Make check or money order payable and mail entry forms to:  
ASF Foundation  
Attn: Registration Director  
P.O. Box 20327  
Montgomery, AL 36120-0327

Entry Fees	\$
Contribution	\$
Total Enclosed	\$

Please Staple The Registration Chart To The Individual Swimming Entry Form  
Fill Out This Form Completely - Please Print Clearly

## INDIVIDUAL EVENTS REGISTRATION CHART

Step 1 - Select Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female		
Step 2 - Select Age	<input type="checkbox"/>	8 & Under	<input type="checkbox"/>	9 - 18	<input type="checkbox"/>	18 & Over

Record Time in Short Course Yards

### EVENTS FOR 8 & UNDER ONLY

Event Description/Order of Events		Time In Short Course Yards
<input type="checkbox"/>	50 Yard Freestyle	
<input type="checkbox"/>	25 Yard Back	
<input type="checkbox"/>	25 Yard Breast	
<input type="checkbox"/>	25 Yard Butterfly	
<input type="checkbox"/>	25 Yard Free	
<input type="checkbox"/>	100 Yard Freestyle Relay	
<input type="checkbox"/>	100 Yard IM	

### EVENTS FOR 9-18 YEAR OLDS

Event Description/Order of Events		Time In Short Course Yards
<input type="checkbox"/>	100 Yard Free	
<input type="checkbox"/>	200 Yard Free Relay	
<input type="checkbox"/>	50 Yard Back	
<input type="checkbox"/>	50 Yard Breast	
<input type="checkbox"/>	50 Yard Butterfly	
<input type="checkbox"/>	50 Yard Free	
<input type="checkbox"/>	100 Yard IM	

### EVENTS FOR 18 & OVER

Event Description/Order of Events		Time In Short Course Yards
<input type="checkbox"/>	100 Yard Butterfly	
<input type="checkbox"/>	100 Yard Free	
<input type="checkbox"/>	200 Yard Free	
<input type="checkbox"/>	100 Yard Back	
<input type="checkbox"/>	100 Yard Breast	
<input type="checkbox"/>	50 Yard Free	
<input type="checkbox"/>	200 Yard IM	

# TEAM SWIMMING ENTRY FORM - Please Use For Mailed Entries

**\*\*Max of 7 events for youth - 6 Individual & 1 Relay!\*\***

CLUB/TEAM NAME:		INITIALS:
ADDRESS:		
LSC:	HEAD COACH:	
CONTACT PERSON:		PHONE NUMBER:
FAX NUMBER:	CELL PHONE:	EMAIL:
COACHES ATTENDING:	NAME	COACHES CARD EXPIRATION DATE
	1.	
	2.	
	3.	
CERTIFIED OFFICIALS WHO MAY WISH TO WORK:	1.	
	2.	
	3.	
	4.	
<p>Certified officials (either USA or summer swimming) who wish to work at the meet, please contact Sarah Barlow at <a href="mailto:barlows12@gmail.com">barlows12@gmail.com</a>. Please wear khaki pants and white shirts. All officials will receive lunch and a volunteer t-shirt.</p>		
NUMBER OF SWIMMERS ENTERED:	ATTACHED:	
	UNATTACHED:	
	TOTAL:	

## SUMMARY OF FEES

NUMBER OF SWIMMERS:			
NUMBER OF IND. EVENTS:		X \$5.00 PER EVENT ENTRY FEE =	
NUMBER OF RELAYS:		X \$5.00 PER RELAY ENTRY FEE =	
TOTAL DUE:			

# TEAM SWIMMING ROSTER - Please Use For Mailed Entries

**PLEASE DUPLICATE AS NEEDED**

NAME OF SWIMMER		EVENT #	EVENT NAME	BEST TIME
DATE OF BIRTH	(Please Circle) MALE FEMALE			
NAME OF SWIMMER		EVENT #	EVENT NAME	BEST TIME
DATE OF BIRTH	(Please Circle) MALE FEMALE			
NAME OF SWIMMER		EVENT #	EVENT NAME	BEST TIME
DATE OF BIRTH	(Please Circle) MALE FEMALE			
NAME OF SWIMMER		EVENT #	EVENT NAME	BEST TIME
DATE OF BIRTH	(Please Circle) MALE FEMALE			
NAME OF SWIMMER		EVENT #	EVENT NAME	BEST TIME
DATE OF BIRTH	(Please Circle) MALE FEMALE			
NAME OF SWIMMER		EVENT #	EVENT NAME	BEST TIME
DATE OF BIRTH	(Please Circle) MALE FEMALE			
NAME OF SWIMMER		EVENT #	EVENT NAME	BEST TIME
DATE OF BIRTH	(Please Circle) MALE FEMALE			

**TEAM ENTRY FORM "B" WAIVER MUST BE FILLED OUT, SIGNED BY EACH TEAM MEMBER AND SUBMITTED IN ORDER TO COMPETE!**  
**TEAM ENTRY FORM "B" WAIVER IS AT THE END OF THE PACKET.**



OFFICIAL TEAM ENTRY FORM

Please Print Clearly - Only One Team Per Form. If you are entering more than one team, please photocopy this form

TEAM NAME										DIVISION/EVENT					
LAST NAME		FIRST NAME		MI		AGE		GENDER		DATE OF BIRTH (MM/DD/YYYY)		CITY		STATE	
ADDRESS															
EMAIL															
HEAD COACH															
LAST NAME		FIRST NAME		MI		AGE		GENDER		DATE OF BIRTH (MM/DD/YYYY)		CITY		STATE	
ADDRESS															
EMAIL															
ASST. COACH															
LAST NAME		FIRST NAME		MI		AGE		GENDER		DATE OF BIRTH (MM/DD/YYYY)		CITY		STATE	
ADDRESS															
EMAIL															

ALL TEAM MEMBERS MUST READ THE WAIVER BELOW AND SIGN THE TEAM ROSTER BELOW

In consideration of the PARTICIPANTS being allowed to participate in any way in the ASF Foundation Alabama State Games program and related events and activities, the undersigned:

- 1. ACKNOWLEDGE, FULLY UNDERSTAND** that the participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
- 2. ASSUME** all the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death.
- 3. RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE** ASF Foundation, Inc., sponsor of Alabama State Games, National Congress of State Games, their affiliated clubs, their promoters, other participants, operators, officials, any persons in a restricted area, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
- 4. AUTHORIZE**, in the event that the participant sustains injury or illness while competing/participating in the Alabama State Games, any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and give permission for attending medical personnel to execute on behalf of the Participant permission forms or other necessary medical documents and to act on his or her behalf if he or she is not immediately available to do so.
- 5. CONSENT** to allow the Participant's picture and/or likeness or voice to appear in any official documentary, promotional (including any and all advertisements) television, radio or film coverage of the Alabama State Games in any manner incidental to his or her participation in the ASF Foundation program, without compensation.

**ALL OF THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY. THIS AGREEMENT CANNOT BE MODIFIED**

TEAM MEMBER ROSTER (ROSTER CONTINUES ON NEXT PAGE)

Please complete all information about each team member and make sure they sign after reading the waiver above. If the team member is under 19, then a parent or guardian must sign for them. Each team member MUST complete and sign the form in order to compete in the Alabama State Games. You may make as many copies of this form as needed.

1	LAST NAME																SIGNATURE	
	ADDRESS																EMAIL	
	EMERGENCY CONTACT INFORMATION		NAME														RELATIONSHIP	
	SCHOOL NAME																	
	LAST NAME		FIRST NAME		MI		AGE		GENDER		DATE OF BIRTH (MM/DD/YYYY)		CITY		STATE		ZIP CODE	
2	LAST NAME																SIGNATURE	
	ADDRESS																EMAIL	
	EMERGENCY CONTACT INFORMATION		NAME														RELATIONSHIP	
	SCHOOL NAME																	
	LAST NAME		FIRST NAME		MI		AGE		GENDER		DATE OF BIRTH (MM/DD/YYYY)		CITY		STATE		ZIP CODE	

## OFFICIAL TEAM MEMBER ROSTER (CONTINUED)

**PLEASE COMPLETE**

TEAM NAME

HEAD COACH NAME

Please complete all information about each team member and make sure they sign after reading the waiver on the previous page. If the team member is under 19, then a parent or guardian must sign for them. Each team member **MUST** complete and sign the form in order to compete in the Alabama State Games. You may make as many copies of this form as needed. If you have more than 10 team members, please feel free to copy this form as needed. Be sure to check Event Rules and Formats for your sport for the maximum number of team members allowed.

3	LAST NAME		FIRST NAME		MI	DATE OF BIRTH (MM/DD/YY)	AGE	GENDER	(PHONE )		SIGNATURE
	ADDRESS					CITY			STATE	ZIPCODE	EMAIL
	EMERGENCY CONTACT NAME					(HOME PHONE )	-		(WORK PHONE )		RELATIONSHIP
	SCHOOL NAME					Did Your P.E. Teacher recommend that you participate in the Alabama State Games? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	LAST NAME		FIRST NAME		MI	DATE OF BIRTH (MM/DD/YY)	AGE	GENDER	(PHONE )		SIGNATURE
ADDRESS					CITY			STATE	ZIPCODE	EMAIL	
4	EMERGENCY CONTACT NAME					(HOME PHONE )	-		(WORK PHONE )		RELATIONSHIP
	SCHOOL NAME					Did Your P.E. Teacher recommend that you participate in the Alabama State Games? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	LAST NAME		FIRST NAME		MI	DATE OF BIRTH (MM/DD/YY)	AGE	GENDER	(PHONE )		SIGNATURE
	ADDRESS					CITY			STATE	ZIPCODE	EMAIL
	EMERGENCY CONTACT NAME					(HOME PHONE )	-		(WORK PHONE )		RELATIONSHIP
5	SCHOOL NAME					Did Your P.E. Teacher recommend that you participate in the Alabama State Games? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	LAST NAME		FIRST NAME		MI	DATE OF BIRTH (MM/DD/YY)	AGE	GENDER	(PHONE )		SIGNATURE
	ADDRESS					CITY			STATE	ZIPCODE	EMAIL
	EMERGENCY CONTACT NAME					(HOME PHONE )	-		(WORK PHONE )		RELATIONSHIP
	SCHOOL NAME					Did Your P.E. Teacher recommend that you participate in the Alabama State Games? <input type="checkbox"/> YES <input type="checkbox"/> NO					
6	LAST NAME		FIRST NAME		MI	DATE OF BIRTH (MM/DD/YY)	AGE	GENDER	(PHONE )		SIGNATURE
	ADDRESS					CITY			STATE	ZIPCODE	EMAIL
	EMERGENCY CONTACT NAME					(HOME PHONE )	-		(WORK PHONE )		RELATIONSHIP
	SCHOOL NAME					Did Your P.E. Teacher recommend that you participate in the Alabama State Games? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	LAST NAME		FIRST NAME		MI	DATE OF BIRTH (MM/DD/YY)	AGE	GENDER	(PHONE )		SIGNATURE
7	ADDRESS					CITY			STATE	ZIPCODE	EMAIL
	EMERGENCY CONTACT NAME					(HOME PHONE )	-		(WORK PHONE )		RELATIONSHIP
	SCHOOL NAME					Did Your P.E. Teacher recommend that you participate in the Alabama State Games? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	LAST NAME		FIRST NAME		MI	DATE OF BIRTH (MM/DD/YY)	AGE	GENDER	(PHONE )		SIGNATURE
	ADDRESS					CITY			STATE	ZIPCODE	EMAIL
8	EMERGENCY CONTACT NAME					(HOME PHONE )	-		(WORK PHONE )		RELATIONSHIP
	SCHOOL NAME					Did Your P.E. Teacher recommend that you participate in the Alabama State Games? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	LAST NAME		FIRST NAME		MI	DATE OF BIRTH (MM/DD/YY)	AGE	GENDER	(PHONE )		SIGNATURE
	ADDRESS					CITY			STATE	ZIPCODE	EMAIL
	EMERGENCY CONTACT NAME					(HOME PHONE )	-		(WORK PHONE )		RELATIONSHIP
9	SCHOOL NAME					Did Your P.E. Teacher recommend that you participate in the Alabama State Games? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	LAST NAME		FIRST NAME		MI	DATE OF BIRTH (MM/DD/YY)	AGE	GENDER	(PHONE )		SIGNATURE
	ADDRESS					CITY			STATE	ZIPCODE	EMAIL
	EMERGENCY CONTACT NAME					(HOME PHONE )	-		(WORK PHONE )		RELATIONSHIP
	SCHOOL NAME					Did Your P.E. Teacher recommend that you participate in the Alabama State Games? <input type="checkbox"/> YES <input type="checkbox"/> NO					
10	LAST NAME		FIRST NAME		MI	DATE OF BIRTH (MM/DD/YY)	AGE	GENDER	(PHONE )		SIGNATURE
	ADDRESS					CITY			STATE	ZIPCODE	EMAIL
	EMERGENCY CONTACT NAME					(HOME PHONE )	-		(WORK PHONE )		RELATIONSHIP
	SCHOOL NAME					Did Your P.E. Teacher recommend that you participate in the Alabama State Games? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	LAST NAME		FIRST NAME		MI	DATE OF BIRTH (MM/DD/YY)	AGE	GENDER	(PHONE )		SIGNATURE

# VOLUNTEER FORM

NAME	LAST	FIRST										MI	WORK PHONE						
ADDRESS													HOME PHONE						
CITY/ST/ZIP													CELL PHONE						
EMAIL																			

## Medical Volunteer Information

**This event is endorsed by the Executive Council of Alabama Athletic Trainers (ALATA)**

Position or School (for current students):

Employer Name or School Name (for current students): \_\_\_\_\_

I am Certified or Qualified in the following:

CPR Certified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EMT Qualified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	MD Licensed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NATA Certified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	First Responder Certified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	PA Licensed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1st Aid Certified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Athletic Training Student	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nurse Registered	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other: \_\_\_\_\_

## Volunteer Information

**Please check the area(s) that you would like to be involved with:**

- ☐ Sport: \_\_\_\_\_
 ☐ Opening Ceremonies
 ☐ Media/Results  
☐ Venue Check-In
 ☐ Logistics
 ☐ Awards Presentations  
☐ Meal Delivery
 ☐ Other Area of Expertise: \_\_\_\_\_

Please check the dates and times you will be available to volunteer.

Thursday, June 19	Friday, June 20	Saturday, June 21	Sunday, June 22
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

In consideration of the PARTICIPANTS being allowed to participate in any way in the ASF Foundation Alabama State Games program and related events and activities, the undersigned:

1. **ACKNOWLEDGE, FULLY UNDERSTAND** that the participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
2. **ASSUME** all the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death.
3. **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE** ASF Foundation, Inc., sponsor of Alabama State Games, National Congress of State Games, their affiliated clubs, their promoters, other participants, operators, officials, any persons in a restricted area, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
4. **AUTHORIZE**, in the event that the participant sustains injury or illness while competing/participating in the Alabama State Games, any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and give permission for attending medical personnel to execute on behalf of the Participant permission forms or other necessary medical documents and to act on his or her behalf if he or she is not immediately available to do so.
5. **CONSENT** to allow the Participant's picture and/or likeness or voice to appear in any official documentary, promotional (including any and all advertisements) television, radio or film coverage of the Alabama State Games in any manner incidental to his or her participation in the ASF Foundation program, without compensation.

ALL OF THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY. THIS AGREEMENT CANNOT BE MODIFIED ORALLY BY ANY PARTY.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For questions, 1-800-467-0422 or [www.alagames.com](http://www.alagames.com)

Please Return Form To:  
ASF Foundation  
P.O. Box 20327  
Montgomery, AL 36120-0327