

# BSG Team Roster Registration Form

## TO ENTER A TEAM:

1. The contact person for the team must complete this team roster. Only the team contact will receive information from the BSG office regarding competition.
2. Each playing team member must be listed on this roster and must sign the waiver on the bottom of this form (or parent/guardian if player is under 18 years of age). List the team contact as a player only if he/she will be competing.
3. You must fill out this roster form completely. Incomplete roster forms will be returned and not considered registered. This is your official roster. Please keep a copy for your records. All signatures must be on the same form.
4. Send completed roster forms and make checks payable to: **Badger State Games**.  
Mail forms and checks to: **219 Jefferson Street, Wausau, WI 54403**

**IMPORTANT!** All athlete participants MUST sign the Amateur Athlete Waiver and Release of Liability.

## TEAM INFORMATION: *(all information is required)*

City Representing (one only) \_\_\_\_\_ Team Name \_\_\_\_\_

Team Contact's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Email \_\_\_\_\_

# SAND VOLLEYBALL EVENT INFORMATION

## DIVISIONS:

Co-Ed 4's (must have at least 2 women)

Shirt Sizes: \_\_\_\_\_ Shirt Sizes: \_\_\_\_\_

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Please see website for complete list of rules regarding play.

How many times have you participated in the games: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Prices:

Co-Ed 4's      **\$150/team**

**TOTAL:** \_\_\_\_\_ Circle: CASH      CHECK #: \_\_\_\_\_

## OFFICIAL TEAM ROSTER

Player's Name (please print)	Phone Number	Age	Date of Birth (mm/dd/yy)	Gender	Waiver Signed
1)			/ /	M F	<input type="checkbox"/>
2)			/ /	M F	<input type="checkbox"/>
3)			/ /	M F	<input type="checkbox"/>
4)			/ /	M F	<input type="checkbox"/>

### \*To pay by credit card (Visa/Mastercard):

Name as appears on card: \_\_\_\_\_

Account # : \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CVV#: \_\_\_\_\_  
(3 digit code on back)

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Make checks payable to:



**Badger State Games**  
219 Jefferson Street  
Wausau, WI 54403  
Fax 715-359-2306