

EVENT REGISTRATION:

(\$10.00 per person per event; fees for teams to register vary depending on the sport)

Name Of Entry (individual or team) _____

Contact Person _____

Contact Telephone _____

Participant's Telephone _____

Participant's Email _____

Participants Date of Birth _____ (if signing up as an individual participant)

Individual's Age _____ Height _____ Weight _____ Male _____ Female _____
(if signing up as an individual participant)

Do You Have Any Physical Conditions That May Cause You Harm As A Participating Athlete In The Capitol City Games? Yes _____; No _____

If so please explain _____

Emergency Contact Name _____

Emergency Contact Number _____

- **Select The Age Brackets For Your Sports Competition:**

____ 10-12 ____ 13-14; ____ 15-16 ____ 17-18; ____ 19-20

____ Adult (21-39) ____ Parents (40-54) ____ Seniors (55 and up)

____ Physically Challenged ____ Wheelchair

- **Select Your Skill Level Of Competition (so you will be placed with those at your level)**

(A) ____ "The Real Deal" (B) ____ "Hard To Beat" (C) ____ "Getting Better"

(D) ____ "Just For Fun" (E) ____ "A Real Trooper"

PLEASE READ: If under the age of 18 you must have the signature of a parent or guardian to accompany this registration form. Teams must have the signature of a coach or representative who has the authority to register those under the age of 18 to participant.

Signature Of Registering Participant or Person Representing A Team

Date

Signature Of Parent or Guardian (if participant is under the age of 18)

Date

(Track and field events teams are \$10 per person for each event you sign up for; or only \$500 for an entire track club team with no limit to how many events or participants)

THE CAPITOL CITY GAMES REGISTRATION

• Track And Field Events

Your Name _____

Team Name (if competing as a team) _____

Contact _____ Tel _____

Email _____

How Many On Team _____; Team Age Range _____;

Age _____ (individual competitor); Male _____; Female _____;

Experience Level ___ High ___ Medium ___ Low ___ Small ___ None

- **Check your events** (events will be divided by male, female; and by age brackets)

___ Youth 50-yard dash (10-12; 13-14)

___ Youth 100 meters (13-14; -15-16; 17-18)

___ Youth 200 meters (13-14;-15-16; 17-18)

___ Youth 100 meter hurdles (13-14;-15-16; 17-18)

___ Youth long Jump (10-12; 13-14;-15-16; 17-18)

___ Youth high Jump (10-12; 13-14;-15-16; 17-18)

___ Youth 400 meters (16-18; 19-20)

___ Youth 4x100 Relay (10-12;13-14;15-16; 17-18-19-20)

___ Adult 100 meters (21-39)

___ Adult 200 meters (21-39)

___ Adult 400 meters (21-39)

___ Adult long jump (21-39)

___ Adult high jump (21-39)

___ Adult 100 meter hurdles (21-39)

___ Adult 4x100 relay

___ Parents 100 meters (40-55)

___ Parents 200 meters

___ Parents 400 meters

___ Parents 100-meter hurdles

___ Parents 4x100 relay

___ Parents long jump

___ Seniors 100 meters (55-and up)

___ Seniors 200 meters

___ Senior 100-meter hurdles

___ Seniors long jump

Basketball Tournament (\$200 per team)

(these teams will be of no more than eight players, double elimination boys; girls; men; and women)

Youth Tournament Ages ___10-13; ___14-16; ___17-19 ___20-Over (open levels)

___“Real Deal” Adult Tournament (20 and over); ___“Real Deal” Parents Tournament (21-39); ___“Wheelchair Tournament”; ___High School Tournament; ___Middle School

- **Boys Youth Basketball (10-13)**

Team Name _____

Contact _____ Tel _____

Email _____

- **Boys Youth Basketball (14-16)**

Team Name _____

Contact _____ Tel _____

Email _____

- **Boys Youth Basketball (17-19)**

Team Name _____

Contact _____ Tel _____

Email _____

- **Girls Youth Basketball (10-13)**

Team Name _____

Contact _____ Tel _____

Email _____

- **Girls Youth Basketball (14-16)**

Team Name _____

Contact _____ Tel _____

Email _____

- **Girls Youth Basketball (17-19)**

Team Name _____

Contact _____ Tel _____

Email _____

...Basketball Tournament (\$200 per team)

- **Adult Men's Basketball (20 and over)**

Team Name _____

Contact _____ Tel _____

Email _____

- **High School Bracket**

Name Of School _____

Name Of Team _____

Coach _____

Email _____

Telephone _____

- **Middle School Bracket**

Name Of School _____

Name Of Team _____

Coach _____

Email _____

Telephone _____

Little League Baseball Tournament

- **Youth Baseball** (10 team tournament; Little League rules apply; entry \$200 per team)

Team Name _____

Coach _____

Coach Telephone _____

Email _____

What Little League District: _____

Average Ages Of Players: From _____ to _____

THE CAPITOL CITY GAMES REGISTRATION

Softball Tournaments

- **Men's/ Women Open Softball Tournament** (only 8 teams in each division) Games played on Saturday June 22, 2109. Entry fee is \$150 per team.

Team Name _____

Men's Division _____; Women's Division _____;

Contact _____

Tel _____

Email _____

- **Men's Senior Softball Tournament** (only 8 teams)
Games played on Saturday November 7 only. Entry fee is \$150 per team.

Team Name _____

Contact _____

Tel _____

Email _____

- **Co-Ed Church Softball Tournament**
(only 8 teams; all games played Saturday June 22, 2109 \$100 per team)

Team Name _____

Contact _____

Tel _____

Email _____

Soccer Tournament (\$200 per team)

(these teams will be of no more than eight players, double elimination boys; girls; men; and women)

Youth Tournament Ages ___10-13; ___14-16; ___17-19 ___20-over (open levels)
___“Real Deal” Adult Tournament (20 and over); ___“Real Deal” Parents Tournament
(21-39); ___“Wheelchair Tournament”; ___High School Tournament; ___Middle School

- **Boys Youth Soccer (8-10)**

Team Name _____

Contact _____ Tel _____

Email _____

- **Boys Youth Soccer (11-13)**

Team Name _____

Contact _____ Tel _____

Email _____

- **Boys Youth Soccer (14-17)**

Team Name _____

Contact _____ Tel _____

Email _____

- **Girls Youth Soccer (8-10)**

Team Name _____

Contact _____ Tel _____

Email _____

- **Girls Youth Soccer (11-13)**

Team Name _____

Contact _____ Tel _____

Email _____

- **Girls Youth Soccer (14-17)**

Team Name _____

Contact _____ Tel _____

Email _____

...Soccer Tournament (\$200 per team)

- **Adult Men's Soccer (18 and over)**

Team Name _____

Contact _____ Tel _____

Email _____

- **Adult Women's Soccer (18 and over)**

Team Name _____

Contact _____ Tel _____

Email _____

THE WEST LAS VEGAS GAMES REGISTRATION

...Additional Sports (please check your selections)

Weightlifting: (\$10 per person; divided by weight and age; males only)

_____ Adult Weightlifting

_____ Parents Weightlifting

Ping Pong: (\$10 per person; divided by age only)

_____ Youth Ping Pong

_____ Adult Ping Pong

_____ Parents Ping Pong

_____ Seniors Ping Pong

Boxing Tournament (info to be announced to registrants)

Name: _____

Telephone: _____

Height _____; Weight _____; Waist _____; Arm Length _____

Any Experience? Yes ___ No ___ Some ___ A Lot ___ : AAU ___ Gold Gloves ___

Please inquire about how to sign-up.

- **Pool** (\$10 per person; billiards; youth; and adults; \$10 per person)

Person's Name _____

Tel# _____

Youth _____; Adult _____

Email _____

Experience (years) _____

Dominoes (individuals all seats open regardless of age; \$10 per person)

Name _____

Tel# _____

Email (if you have one) _____

Skill Level: Great _____; Good _____; Okay _____; Just For Fun _____;

- **Archery** (\$10 per person; competition divided by experience)

Name_____

Tel#_____

Email (if you have one)_____

Skill Level: Great_____; Good_____; Okay_____; Just For Fun_____;

TENNIS COMPETITIONS

Youth Brackets

Girls Ages 12-14_____

Girls Ages: 15-17_____

Name_____

Tel#_____

Email (if you have one)_____

Skill Level: Great_____; Good_____; Okay_____; Just For Fun_____;

Boys Ages 12-14_____

Boys Ages: 15-17_____

Name_____

Tel#_____

Email (if you have one)_____

Skill Level: Great_____; Good_____; Okay_____; Just For Fun_____;

...Tennis

Male Adults Ages 18-25_____

Women's Adults Ages: 18-25_____

Name_____

Tel#_____

Email (if you have one)_____

Skill Level: Great_____; Good_____; Okay_____; Just For Fun_____;

Male Adults Ages Open Division_____ **(all ages and skill sets)**

Women's Adults Ages: Open Division_____ **(all ages and skill sets)**

Name_____

Tel#_____

Email (if you have one)_____

Skill Level: Great_____; Good_____; Okay_____; Just For Fun_____;

Male Seniors Ages 55-older_____

Women's Seniors Ages: 55-older_____

Name_____

Tel#_____

Email (if you have one)_____

Skill Level: Great_____; Good_____; Okay_____; Just For Fun_____;

Women/Girls Volleyball Tournament

- **High School Girls** (10 team tournament; \$100 entry fee per team)

Team Name _____

Coach _____

Coach Telephone _____

Email _____

What High School: _____

Average Ages Of Players: From _____ to _____

- **College/Adult Women Volleyball** (10 team tournament; ages 18 and over entry \$100 per team)

Team Name _____

Coach _____

Coach Telephone _____

Email _____

What League: (if any) _____

Average Ages Of Players: From _____ to _____

THE CAPITOL CITY GAMES

EVENT REGISTRATION: PAYMENT INFORMATION

PLEASE READ CAREFULLY:

Your Name _____

Your Team Name (if there is a team) _____

Contact Person _____

Contact's Email _____

Event (s) You Selected: _____

Total Number of Individual Events Selected: _____

Total Number Of Team Events Selected: _____

Total Cost Of Your Selection \$ _____ (\$5 per event; per person; per event; or the cost of your teams)

- Paid With: Cash _____; Check # _____ Visa _____ MC _____

Credit Card # _____ Exp _____ Sec Code _____

Name On Card _____

Address Of Card _____ (zip code) _____

Telephone _____ Email _____

Make Payable To: **The Capitol City Games**

MAIL FORMS TO: THE CAPITOL CITY GAMES
9537 Scarboro Place, Stockton, CA. 95209

Amateur Athlete Waiver Of Responsibility And Harm

In consideration for being allowed to participate in the CAPITOL CITY GAMES, the undersigned acknowledges, appreciates and agrees that;

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death. While rules, equipment and personal discipline may reduce the risk, it does exist;
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the release, and assume all responsibility for my participation; my health matters pre-existing or caused by participating in the CAPITOL CITY GAMES are my own responsibility;
3. I willing agree to comply with the customary terms and conditions for participation. If I observe unusual significant concern in my readiness and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official;
4. I for myself and on behalf of my/our heirs assigns, personal representatives and next of kin, hereby release Rick Warren; Rick Warren Presents; the City Of Sacramento; the City Of Folsom; Folsom High School; any School Districts; THE CAPITOL CITY GAMES. its officers, officials, agents and/or employees, all facilities utilized during the events; other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“releases”), with respect to any and all injury, disability, death or loss or damage to person or property incident to my involvement or participation, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law; therefore I agree that there will no adjudication, civil law actions, civil suits or court matters; legal proceedings; of any kind from my participation and association with the Capitol City Games;
5. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above releases from and all liabilities incident to my involvement or participation in these programs, even if arising from their negligence, to the fullest extent of the law.
6. I willingly grant the CAPITOL CITY GAMES and Rick Warren and its sponsors the right to use my name and pictures and video or audio taken during the CAPITOL CITY GAMES, and prior to the event.
7. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given substantial rights by signing it, and sign it freely and voluntarily without any inducement.

PRINT NAME

SIGNATURE

DATE