

THIS FORM MAY BE DUPLICATED  
 COPY BOTH PAGES!  
 WAIVER ON PAGE 2 MUST BE SIGNED

## 2006 EMPIRE STATE GAMES OPEN & SCHOLASTIC ENTRY FORM

NOTE: THIS FORM IS FOR OPEN AND  
 SCHOLASTIC ENTRIES ONLY.  
 MASTERS, DO NOT USE THIS FORM.

### PERSONAL INFORMATION

Athlete's Last Name	First Name	M.I.

Permanent Address
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Street	Apt.

City or Town	State	Zip Code
	N Y	

Home Phone Number	Birth date	Height	Weight												
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Month</td> <td style="width: 20px;">Day</td> <td style="width: 20px;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Month	Day	Year				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Feet</td> <td style="width: 20px;">Inches</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Feet	Inches			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Pounds</td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	Pounds	
Month	Day	Year													
Feet	Inches														
Pounds															

Email Address: \_\_\_\_\_

School or Occupation: \_\_\_\_\_

**NYS RESIDENCY:** In submitting this application, I hereby certify that I am a Permanent Resident of the State of New York, as defined in the ESG Eligibility Rules.

**Emergency Contact Information:** NAME: \_\_\_\_\_

Daytime Phone: (    ) \_\_\_\_\_ Evening Phone: (    ) \_\_\_\_\_

<b>SPORTS INFORMATION</b>	CHECK DIVISION: <input type="checkbox"/> SCHOLASTIC <input type="checkbox"/> OPEN	CHECK SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Scholastic Only: Grade level as of 3/1/06 _____
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Check **only one** sport below. Additional entry forms are necessary if you are trying out in more than one sport.

- If you are trying out in more than one sport, check here
- |                                      |                                       |   |                                    |  |
|--------------------------------------|---------------------------------------|---|------------------------------------|--|
| <input type="checkbox"/> Archery     | <input type="checkbox"/> Canoe/Kayak  | <input type="checkbox"/> Gymnastics     | <input type="checkbox"/> Sailing   | <input type="checkbox"/> Sync. Swim    |
| <input type="checkbox"/> Athletics** | <input type="checkbox"/> Cycling      | <input type="checkbox"/> Ice Hockey (W) | <input type="checkbox"/> Shooting  | <input type="checkbox"/> Tennis        |
| <input type="checkbox"/> Baseball    | <input type="checkbox"/> Diving       | <input type="checkbox"/> Judo           | <input type="checkbox"/> Soccer    | <input type="checkbox"/> Volleyball    |
| <input type="checkbox"/> Basketball  | <input type="checkbox"/> Fencing      | <input type="checkbox"/> Lacrosse       | <input type="checkbox"/> Softball  | <input type="checkbox"/> Weightlifting |
| <input type="checkbox"/> Boxing      | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Rowing         | <input type="checkbox"/> Swimming* | <input type="checkbox"/> Wrestling     |

**For Team Sports, Please indicate your position:** \_\_\_\_\_

**For Swimming & Athletics:** Indicate below the event(s) you wish to compete in and indicate best previous year's performance.

\*Swimmers: Indicate best year's **short course performance**  
 \*\*Athletics Events are: Track & Field, Racewalks, and Decathlon/Heptathlon.

	*Best Previous		*Best Previous
Event Name/Number	Year's Performance	Event Name/Number	Year's Performance
_____	_____	_____	_____
_____	_____	_____	_____

**YOU ARE RESPONSIBLE FOR READING THE APPLICATION INFORMATION ON THE GAMES WEB SITE AND FAMILIARIZING YOURSELF WITH THE ELIGIBILITY RULES AND REGULATIONS OF THE GAMES.**

(visit the Games web site at: [www.empirestategames.org](http://www.empirestategames.org) or call 518-474-8889 if you do not have access to the internet)

**MEDICAL ALLERGIES OR ALERTS MUST BE OUTLINED ON A SEPARATE PAGE AND ATTACHED TO THIS ENTRY. Include applicant's name.**

NOTE: **-READ THE RESIDENCY REQUIREMENTS POSTED AT THE GAMES WEB SITE TO DETERMINE THE ADDRESS TO WHICH THIS ENTRY FORM CAN BE MAILED. THIS FORM MAY BE BROUGHT TO THE TRYOUT UNLESS OTHERWISE NOTED ON THE WEB SITE.**

- ATHLETE MAY NOT TRY OUT IN MORE THAN ONE REGION
- ATHLETE WILL BE REQUIRED TO SHOW PHOTO ID AT THE FINALS
- ALL MEDICAL COSTS MUST BE PAID BY THE ATHLETE. IT IS STRONGLY RECOMMENDED THAT ATHLETES CARRY MEDICAL INSURANCE
- YOU MUST READ AND SIGN THE WAIVER ON REVERSE SIDE
- YOU WILL NOT RECEIVE ACKNOWLEDGEMENT OF RECEIPT OF THIS FORM
- BOWLERS DO NOT USE THIS FORM CALL 518-474-8889 FOR INFORMATION
- MASTERS PARTICIPANTS DO NOT USE THIS FORM PLEASE VISIT OUR WEBSITE ([www.empirestategames.org](http://www.empirestategames.org))



**WAIVER & MEDICAL RELEASE - READ THIS INFORMATION BEFORE SIGNING**

I the 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 competition 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 know 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 hereby agree that if I am selected to compete at the Finals, I will abide by the code of conduct as stated in the Empire State Games athlete handbook (Games Plan), and if failing to do so, will abide by any penalties as stipulated by such. I hereby state positively that I am a permanent domiciled resident of the State of New York as defined under the eligibility requirements stated in the ESG Eligibility information.

I HAVE READ THIS RELEASE

Applicant's Signature

Date

**BELOW 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 athlete) of whom I am either a parent or guardian, and I agree that I shall be bound by its terms and conditions as if I were signatory thereto. Furthermore, I hereby release the State of New York, the \_\_\_\_\_, the Office of Parks, Recreation, and Historic Preservation, its officers, employees, agents, representatives, from any and all claims which may accrue to me arising out of or in connection with the participation of \_\_\_\_\_ (athlete) 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 \_\_\_\_\_ (athlete) 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 \_\_\_\_\_ (athlete) for medical treatment.

I HAVE READ THIS RELEASE

Applicant's Signature

Date

**REMEMBER: PHOTO IDENTIFICATION WILL BE REQUIRED AT THE FINALS.**

**Where to mail this form? Find your county of residence below:**

**Note: unless an entry deadline is stated in the Regional Trials information on the Games website, entry forms may be brought to the tryout site on the day of the trials. It is strongly suggested that entry forms be mailed, unless it is less than 10 days before the tryout.**

**ADIRONDACK REGION: Counties of:** Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Saratoga, Schoharie, Schenectady, St. Lawrence, Rensselaer, Warren, and Washington. If your legal residence or school location is in one of these counties, this entry form CAN be mailed to: **Lynn Chabot, Regional Director, 521 Glen Ave, Scotia, NY 12302.**

**CENTRAL REGION: Counties of:** Broome, Cayuga, Chemung, Chenango, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Otsego, Schuyler, Tioga, and Tompkins. If your legal residence or school location is in one of these counties, this entry form CAN be mailed to: **Ken McNerney, Regional Director, 8488 Fathom Dr, Baldwinsville, NY 13027.**

**HUDSON VALLEY REGION: Counties of:** Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester. If your legal residence or school location is in one of these counties, this entry form CAN be mailed to: **Frank Intervallo, Regional Director, 31 Reade St, Yonkers, NY 10703.**

**LONG ISLAND REGION: Counties of:** Nassau and Suffolk. If your legal residence or school location is in one of these counties, this entry form CAN be mailed to: **Robert Kenney, Regional Director, 11 Gallatin Dr, Dix Hills, NY 11746.**

**NEW YORK CITY REGION: Counties (or boroughs) of:** Bronx, Kings (Brooklyn), New York (Manhattan), Queens, and Richmond (Staten Island). If your legal residence or school location is in one of these counties, this entry form CAN be mailed to: **Louis J. Vazquez, Regional Director, 209 A Windsor Place, Brooklyn, NY 11215.**

**WESTERN REGION: Counties of:** Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming, and Yates. If your legal residence or school location is in one of these counties, this entry form CAN be mailed to: **Lou Reuter, Regional Director, 43 Guenther Ave, Tonawanda, NY 14150.**