



2012 Registration Form SBU Football Golf Outing



Saturday, April 21, 2012

Registration begin promptly at 7:30am

Team Registration fee: **\$300.00**

Deadline for registration is April 17, 2012

Make Check to: SBU Football

Mail check and registration form to:

SBU Football Office

1600 University Ave

Bolivar, MO 65613

IMPORTANT !!

1. Signature of player acknowledges player has read and understands the rules.

Team Name: _____

Team Captain/Player 1 Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Phone# _____ - _____ - _____ Birthdate ____/____/____ AGE (*age at time of tournament.*): _____

Email: _____

Signature: _____

Player 2 Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Phone# _____ - _____ - _____ Birthdate ____/____/____ AGE (*age at time of tournament.*): _____

Email: _____

Signature: _____

Player 3 Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Phone# _____ - _____ - _____ Birthdate ____/____/____ AGE (*age at time of tournament.*): _____

Email: _____

Signature: _____

Player 4 Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Phone# _____ - _____ - _____ Birthdate ____/____/____ AGE (*age at time of tournament.*): _____

Email: _____

Signature: _____

**IMPORTANT RELEASE STATEMENT
MUST READ AND SIGN BELOW**

Recognizing the possibility of physical injury associated with any athletic activity and/or the sudden illness at an event, and in consideration for Southwest Baptist University and its affiliates accepting the registrant for participation in the Golf Outing, I hereby release, discharge and/or otherwise indemnify Southwest Baptist University, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields, facilities and equipment utilized for the Golf Outing against any claim by or on behalf of the registrant as a result of the registrants participation in the Golf Outing. I hereby give my consent to have an athletic trainer, emergency personnel, and/or doctor of medicine or dentistry provide the above named participant with medical assistance and/or treatment and agree to be responsible financially for the cost if such assistance and/or treatment is necessary.

MUST BE SIGNED BY PARENT IF PLAYER IS UNDER 18 YEARS OLD. PLAYER MUST SIGN IF 18 YEARS OR OLDER

Player 1 _____ Player 3 _____

Player 2 _____ Player 4 _____

Email football@sbuniv.edu with any questions

All Players or Parents MUST Sign the Authorization Section above