

Volleyball

2 Person

Sponsored by



Commissioner:
Doug Everett, 601-917-4563

Dates:
June 19, 2021
Rules Meeting, 8 a.m.
Competition, 9 a.m.

Site:
Bulldog Beach Volleyball Complex ▪ 9404 Hwy 493 ▪ Bailey, MS 39320
(Backup courts will be Old John Moss Field ▪ 909 65th Avenue ▪ Meridian, MS 39307)

Entry Fee:
\$20 per person/total \$40 per 2-person team; \$5/additional person

Deadline:
June 17, 2021, to guarantee t-shirt size. **IF YOU WANT TO WAIT UNTIL THE MORNING OF THE TOURNAMENT TO PAY AND SIGN WAIVER BUT WANT YOUR CORRECT SIZE T-SHIRT THEN CALL 601-479-7532 WITH YOUR TEAM NAME AND HOW MANY IS ON YOUR TEAM AND ALL OF THEIR SIZES!**

Events:
Men A, B
Women

Divisions:
All divisions based on number of teams entered.

Format/Rules:
Pool play tournament. Open age and open gender. Divisions may be combined. Please pre-register. No more than two players permitted.

Other Information:
Following CDC and City of Meridian guidelines – social distancing is strongly advised. If you have been exposed to anyone with COVID-19 or have had a fever in the past 14 days, please stay home. Do not share any personal item with teammates. Bring hand sanitizer and use often. Masks are encouraged but not required for competition. The complex will only be operating at 50% attendance capacity. Each attendee (group) is required to be six feet away from other attendees (groups).

Athlete #: _____

Date Received: _____ \$ Received: _____

Confirmation: Yes No Yes No Yes No Yes No

Waiver: Yes No Yes No Yes No

T-Shirt: Yes No Yes No Yes No

Input: _____

OFFICIAL USE ONLY

IMPORTANT! You MUST include the Individual Waiver Form with this registration.

TO ENTER

Information: 1-800-482-0205, StateGamesofMS.org or missye@stategamesofms.org

PRINT clearly. Send entry & check or money order to: State Games of MS, P.O. Box 5866, Meridian, MS 39302.

Sport: Volleyball/2 Person Men Divisions: A B Women

Team Name: _____

Partner's Names: #1 _____ #2 _____

Last Name: _____ First Name: _____ M.I.: _____ Age: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Date of Birth (mm/dd/yy): _____ Phone (w): _____ (h): _____

Emergency Contact Name: _____ Phone: _____ Entry Fee(s): \$ _____

Relation: _____ T-shirt size: YM YL S M L XL XXL (\$1 extra) XXL T-Shirt Fee: \$ _____

One shirt included in entry fee.

TOTAL ENCLOSED: \$ _____

Team Roster

Team Name: _____ Age Group: _____ Girls Boys

Head Coach: _____ Address: _____

City: _____ Zip: _____ Phone (day): _____ (night): _____ T-shirt: _____

Ass't Coach: _____ Address: _____

City: _____ Zip: _____ Phone (day): _____ (night): _____ T-shirt: _____

E-mail Addresses: Head Coach _____ Assistant Coach: _____

Note: Separate team roster for Youth Soccer. This roster for all other team sports.

List all information below on players. T-Shirt sizes: YM, YL, S, M, L, XL, XXL (add \$1 for XXL)

1 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

2 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

3 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

4 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

5 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

6 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

7 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

8 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

9 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

10 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

11 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

12 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

13 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

14 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

15 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

16 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

17 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

18 Name: _____

Address: _____

City: _____ Zip: _____

DOB: _____ T-shirt size: _____

Team Waiver Form

Release of All Claims & Covenant Not to Sue

Sport: _____

Team Name: _____ Coach: _____

This form MUST be signed by every coach, athlete and legal guardian (if coach or athlete under the age of 18). Teams will not be allowed to compete unless this waiver is completed and matches the roster! NO EXCEPTIONS WILL BE ALLOWED.

IN CONSIDERATION of the Participant being allowed to participate in any way in the State Games of Mississippi athletics/sports programs and related events and activities, the undersigned: **ACKNOWLEDGE AND FULLY UNDERSTAND** that the participant will be engaging in activities that involve risk of serious injury and/or communicable disease (COVID-19), including permanent disability and death, and severe social and economic losses that might result NOT only from his or her 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 now reasonably foreseeable at this time. **ASSUME** all of the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death. **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE** State Games of Mississippi, Inc., sponsor of the State Games of Mississippi, the National and State Governing Sports bodies, City and County Government of Lauderdale County, their respective administrators, officers, directors, agents, representatives, coaches and other employees or volunteers of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns or 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, to the fullest extent permitted by law. **CONSENT** to permit and authorize officials of the State Games of Mississippi to seek emergency medical treatment in the event of accident or injury and consent to permit and authorize those providing medical care to perform medical treatment as deemed necessary. **CONSENT** to allow Participant's picture and/or voice or likeness to appear in any official documentary, promotional (including all advertisements) television, radio, film coverage of or world wide web of the State Games of Mississippi without compensation. **THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY.**

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(Under age 18 at the time of registration.)
 This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns and next of kin, release and agree to indemnify and hold harmless the involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

COACHES

1 Name: _____ **Date:** _____
 Coach Signature: _____ Shirt Size: _____

2 Name: _____ **Date:** _____
 Coach Signature: _____ Shirt Size: _____

TEAM MEMBERS

3 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

4 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

5 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

6 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

7 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

8 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

9 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

10 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

11 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

12 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

13 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

14 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

15 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

16 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

17 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

18 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

19 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

20 Name: _____ **Date:** _____
 Athlete Signature: _____ Shirt Size: _____
 Parent/Guardian Signature: _____

State Games of Mississippi General Information

Athletes participate in true competitions, and are awarded Olympic-style gold, silver and bronze medals for the top three places in each division or event within all sports.

Every athlete receives a t-shirt and entry to all venues. You can enter many ways! First, you can send back this entry form and all waivers. Make sure you mail in the entry by the due date listed. If you are interested in one of our other sports, simply call for a form (800-482-0205) or [go to our website, www.stategamesofms.org](http://www.stategamesofms.org) to enter on-line or download the entry forms and waivers.

To avoid late fees and long lines, be sure to get your entry form and check in early. Confirmation materials are sent if we receive your entry form five days before your sport entry deadline. Don't limit yourself to one sport!

Anyone who has been a resident of Mississippi for at least 30 days is qualified to participate in the State Games of Mississippi. In addition, students registered in Mississippi colleges and universities and military personnel assigned to facilities in Mississippi are eligible. Participants from other states are eligible if that state has no State Games organization or if their organization does not offer the sport in which the participant wishes to compete. Permission may be granted from other states for an athlete to participate out-of-state if they participate in their own State Games in a particular sport.



Refunds will be given only in the following circumstances:

- 1) Entry received after the deadline and the maximum number of teams or participants in your sport has been met;
- 2) Minimum number of teams or participants in your sport has not been met; or
- 3) Entry received from a non-qualified participant. **Important: No refunds will be given if events are cancelled due to weather or other acts of God.**

The State Games of Mississippi reserves the right to disqualify any coach or athlete from the Games for failure to exhibit the qualities and behavior or good sportsmanship. Unsportsmanship includes, but is not limited to: False representation of age, residency or eligibility; destruction of property; disorderly conduct; fighting; improper use of alcohol and/or drugs; and wearing clothing that reflects poorly on the Games.

The Opening Ceremonies and sports using outdoor sites are subject to weather, and we repeat: No refunds will be given if events are cancelled due to weather or other acts of God. Competitions will be conducted unless commissioners, facility manager and State Games of Mississippi officials determine the weather conditions to be potentially dangerous or life threatening, or if playing fields would incur damage.

It is the responsibility of each participant to obtain insurance. In some instances, the National Governing Body, which sanctions events, may have secondary coverage. In the event of an emergency, injury or illness, State Games of Mississippi will have medical aid available to assist the injured. Please note, preparation for competition, such as taping, will not be provided. No athlete will be allowed to participate without signing the appropriate waiver.