

Softball — High School Fastpitch

Commissioner:
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Dates:
June 7 - 11, 2021

Site:
North
South Panola High School
601 Tiger Drive
Batesville, MS 38606

Central
Choctaw Central
277 Black Jack Road, Choctaw, MS 39350

South
Biloxi High School
1845 Tribe Dr, Biloxi, MS 39532

Entry Fee:
\$255 per team up to 15 players and 2 coaches. Additional \$5/player for each member exceeding 15.

Deadline:
Postmarked by May 28, 2021

Divisions:
Varsity and Jr. Varsity

Format/Rules:
MHSAA Rules

SPONSORED BY:



Athlete #: _____
Date Received: _____
Confirmation: Yes No
Waiver: Yes No
T-Shirt: Yes No
Input: _____

OFFICIAL USE ONLY

COACH:

IMPORTANT: Roster & waiver forms must be returned by date listed above.

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: Softball—Fastpitch

Division: Varsity Jr. Varsity

Team Name: _____

Total # Players: _____

Coach's Last Name: _____

First Name: _____

M.I.: _____

Address: _____

City: _____

State: _____

Zip: _____

E-mail: _____

Phone (w): _____

(h): _____

Entry Fee(s): \$ _____

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

XXL T-Shirt Fee: \$ _____

Note: 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.