



Shippensburg, PA

# OFFICIAL ENTRY FORM

## OPEN ATHLETICS COMPETITION

CONDUCTED UNDER NASGA RULES

Please Print or Type

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

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

Clan Represented: \_\_\_\_\_

Tartan Worn in Competition: \_\_\_\_\_

### Contact Information

Director/Organizer: Zane Walls  
Telephone: (717) 345-3327  
Email: [wallsz@cvscotsgame.org](mailto:wallsz@cvscotsgame.org)  
Website: [www.cvscotsgame.org](http://www.cvscotsgame.org)  
Facebook Page: [www.facebook.com/cvscotsgame](http://www.facebook.com/cvscotsgame)

Registration Fee: \$15.00  
Please make check out to: SCPRA  
Please send registration fee to the address below

Shippensburg Community Park & Recreation Authority  
677 Orrstown Rd  
Shippensburg, PA 17257

Please provide head shot with registration and fee, so they can be added to website.

WAIVER: All participants must sign and date.

DISCLAIMER: I, (Please Print) \_\_\_\_\_, the undersigned, agree to and assume all risk of personal injury, including death, and damages to personal property arising out of my participation in the event. Furthermore, I understand and agree that in the event of accident or injury I will pay my own medical bills and that I, my successors, my heirs and assigns will forever hold the CVSG, Shippensburg University, Shippensburg Station, Shippensburg Park and Recreation Authority, organizers and sponsors of the CVSG and their insurance carriers HARMLESS from all claims, causes of action, costs and judgments for claims of personal injury, including death, and damages by or arising out of my involvement in the event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_