LIBERTY GAMES Registratio					
Send your completed form with payment to: Empire State Sports Council, 5 Southside Dr. 11-200, Clifton Park, NY 12065 or Email to: Imills@essportscouncil.org.					
ATHLETE INFORMATION	O Male				

<b>ATHLETE INFO</b>	RMATION
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Last	First		MI _	<u> </u>	L	
Club		Birth Date	/	/	Age on	Meet <u>.</u>
Address						<u> </u>
City	State	eZip_				
Phone Number (include a	rea code)					
Email Address						
EMERGENCY CONTACT						
Contact's Name	NameContact's Phone Number					
Triathlon/Pentathlon - Individual Events (List count toward your event limit. Youth entry fees: \$25		\$35 I up to 3 events. Yo area.	outh and o			
2		Seed Time/Mark Seed Time/Mark Seed Time/Mark Seed Time Mark	:			
TOTAL AMOUNT AUTHO Card Provider (Visa or Ma Credit Card Number	,	Code	Exp D	ate		

## I Accept.

By checking this box, I confirm that the Athlete and Parent/Guardian accept all rules and regulations as well as authorize this transaction by Liberty Group. I understand that if the total registration cost I have submitted in the field above labeled "registration amount" is incorrect, I will be billed the proper amount for my registration. I understand that there will be no refunds for non attendance.

## WAIVER

In consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators and assigns, waive all claims to damages which I might have against Empire State Sports Council, their Board of Directors and staff, event officials, volunteers and site entities for any and all injuries suffered by me at said events.

Entrant:	Date:
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If under 18 years, Parent or Guardian: