

Last Name

REGISTRATION INFORMATION

If entrant under 18, Parent or Guardian Signature:

Registration

First Name _____ Gender

Please send your completed form to ES Sports, 5 Southside Dr. Suite 11-200, Clifton Park, NY 12065. You may also email to: Imills@ESSportsCouncil.org

Team Name	Date of Birth	Age on Meet
Address		
City		Zip Code
Phone Number		
EMERGENCY CONTACT		
Contact's Name	Contact's Phone	e Number
EVENT SELECTION 1	EVENT LIMITS Age 12 and under: 3 events Age 13-18: 4 events Age 19+: 4 events	
2 3		
MEET SELECTION Patriot's Invitational (5/24/25)	FEES (All meets except Ad Youth: \$20 Adult: \$30	dirondack Champs & Liberty Games)
Constitution Classic (6/1/25) President's Open (6/15/25) Adirondack Champs (6/20-21/25)	FEES (Adirondack Champs & Liberty Games) Youth: \$25 Adult: \$35 / 2 events; \$5 /each additional event	
☐ Independence Invitational (7/5/25)☐ Liberty Games T & F (7/12/25)	Triathlon/Pentathlon: \$25 Heptathlon/Decathlon/Throws or Masters Pentathlon: \$35	
TOTAL AMOUNT AUTHORIZED Card Provider (Visa/MC)		Date:
Credit Card Number:		
☐ I ACCEPT By checking this box, I confirm that the authorize this transaction by Liberty Groufield above labeled "registration amount" further notification. I understand there we have the second	Athlete and Parent/Guardian acup. I understand that if the total is incorrect, I will be billed the p	registration cost I have submitted in the roper amount for my registration without
WAIVER In consideration of your acceptance of assigns, waive all claims to damages which cors and staff, event officials, volunteers, events.	my entry, I hereby for myself, i ch I might have against Empire S	my heirs, executors, administrators and State Sports Council, their Board of Direc-
Entrant:		Date: