

August 24, 2016

Colleague,

We would like to extend an invitation for your intramural sports flag football participants to partake in the 2016 MOIRSA Show Me Bowl hosted by the University of Missouri. The tournament is scheduled for the weekend of October 14th-16th at MizzouRec. The tournament is open to Men's, Women's, and Co-Rec teams.

Enclosed you will find tournament information and registration forms for the 2016 State Flag Football Tournament. More information can be found on our MOIRSA Show Me Bowl webpage:

<https://www.mizzourec.com/programs/sports-competition/moirsa-show-me-bowl/>

We would appreciate your assistance in disseminating this information to the students of your intramural sport programs.

Tournament format will be pool play followed by a single elimination tournament with teams guaranteed a minimum of two games. There are no restrictions on the number of teams that may represent a single institution. Remember this tournament is not just for campus champions or all-star teams, any team is welcome to participate.

All teams are encouraged to participate in the NIRSA Regional and National Flag Football Championships. The champion in each division at our tournament will receive free registration to the NIRSA National Flag Football Tournament in Pensacola, Florida this January (pending the number of teams registered in each division).

We are also extending a request for student officials. They may apply online at:

<https://www.mizzourec.com/moirsa-show-me-bowl-officials-application/>

Thank you for your time and cooperation. If you have any further questions, please contact us directly at:

Matt Fleming – Tournament Operations

573-882-4742

[FlemingMC@missouri.edu](mailto:FlemingMC@missouri.edu)

Luke Persall – Director of Competition

573-882-4911

[PersallL@missouri.edu](mailto:PersallL@missouri.edu)

Brain Westhues – Director of Officials

816-235-2719

[WesthuesB@umkc.edu](mailto:WesthuesB@umkc.edu)

Sincerely,

MOIRSA 2016 Show Me Bowl Committee

**Registration Packet for Teams**

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Instructions for registration:

1. Print this packet. It will come with the official Team Registration Form, Player Eligibility Form, Code of Conduct agreement and waivers.
  - a. Team Registration form – must be fully completed and signed off by an Intramural Sports Professional before it will be accepted.
  - b. Player Certification form – all players must put their legal name, school ID and registrar for your school must verify eligibility of class hours and stamp/sign the form. Again, an Intramural Sports Professional must sign off.
  - c. Player Code of Conduct – all players must read, print and sign their names. There are 16 slots on the form for all players to sign on one form.
  - d. Waiver – there are waivers attached to this entry packet. Each individual player must complete their own individual waiver. Players can complete them onsite when they arrive but it will be easier if they are completed and sent with all other paperwork.
2. Types of Payment:
  - a. All payment by credit cards will be taken over the phone with Matt Fleming at 573-882-4742. When your registration packet is received, we will contact the Team Representative on the team entry form to arrange payment if not enclosed. Receipts can be emailed or picked-up on site.
  - b. Please make checks payable to: University of Missouri - MizzouRec
3. Team Registration will not be considered complete until the Registration Packet is completed and Payment is received.
4. Roster Changes – will only be approved up until Friday, October 14<sup>th</sup> at 5:00pm. A player must have all forms of documentation on hand to be added to a roster (new Team Entry form, new Eligibility form, new Player Code of Conduct, and new Waiver). Failure to have these papers will result in your player(s) not allowed to play.
5. **ALL PLAYERS MUST HAVE THEIR STUDENT ID ON THEM AT ALL TIMES.** No photo identification means no play.

*Tournament play will start as early as 7pm on Friday, October 14<sup>th</sup> due to team numbers and our desire to finish at an appropriate time on Sunday.*

**ALL teams must prepare to play on Friday, October 14th!**

**MOIRSA Show Me Bowl 2016**  
**University of Missouri**  
**October 14 – 16, 2016**

**Team Registration Form**

Institution: \_\_\_\_\_ Enrollment: \_\_\_\_\_  
 Team Name: \_\_\_\_\_ Division (circle one): Men's Women's Co-Rec  
 Team Rep: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing this statement of eligibility understanding, I \_\_\_\_\_ (name of Campus Recreation representative), have conferred with the team captain to attest that each member of this roster has not already appeared on six NIRSA Regional/National Tournament rosters. All names listed on this roster should meet all NIRSA Championship Series eligibility guidelines.

\_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature of **Campus Recreation Representative** approving team entry

**Incomplete forms or entries submitted without an entry form, entry fee, or Campus Recreation Representative Signature will NOT be accepted. An original player certification form with your institutions Registrar's seal must be received by the entry deadline of **Friday, October 7, 2016.****

*Please list players in ascending order by jersey number; Roster limit – 15 for Men's and Women's teams, 16 for Co-Rec teams*

Player	Jersey #	Participant Name	Former Collegiate Varsity Player	Listed on varsity/NIRSA roster prior to Fall 2005	For the purposes of participation in the NIRSA Championship Series, I identify as a:	Email Address
1			YES / NO	YES / NO	MALE/FEMALE	
2			YES / NO	YES / NO	MALE/FEMALE	
3			YES / NO	YES / NO	MALE/FEMALE	
4			YES / NO	YES / NO	MALE/FEMALE	
5			YES / NO	YES / NO	MALE/FEMALE	
6			YES / NO	YES / NO	MALE/FEMALE	
7			YES / NO	YES / NO	MALE/FEMALE	
8			YES / NO	YES / NO	MALE/FEMALE	
9			YES / NO	YES / NO	MALE/FEMALE	
10			YES / NO	YES / NO	MALE/FEMALE	
11			YES / NO	YES / NO	MALE/FEMALE	
12			YES / NO	YES / NO	MALE/FEMALE	
13			YES / NO	YES / NO	MALE/FEMALE	
14			YES / NO	YES / NO	MALE/FEMALE	
15			YES / NO	YES / NO	MALE/FEMALE	
16*			YES / NO	YES / NO	MALE/FEMALE	

\*Co-Rec teams only

Coaches: \_\_\_\_\_

**Entry Deadline:** Received by: Friday, October 7, 2016  
**Entry Fee\*:** Early Registration: \$200 (received prior to 10/7/16)

Entry Status Notification: Monday, October 10, 2016  
 Late Registration: \$250

**Payment Options:** Check (Payable to MizzouRec)  
**Credit Card Payment Option:** ALL CREDIT CARD PAYMENTS will be taken over the phone with Matt Fleming. When your Registration Packet is received we will contact the Team Rep listed on the Team Entry form to arrange payment if not enclosed. Receipts can be either emailed or picked up on-site.

**Send Completed Forms to:** Mail: Matt Fleming, MizzouRec, 213 Rothwell Gymnasium, Columbia, MO 65201  
 Scan and Email: FlemingMC@missouri.edu

\*Entry Fees are non-refundable, unless entry into the tournament is denied.  
 \* In the event that the tournament is cancelled due to circumstances beyond control, entry fees will not be refunded.

**MOIRSA Show Me Bowl 2016**  
**University of Missouri**  
**October 14 – 16, 2016**

**Player Certification Form**

Institution: \_\_\_\_\_

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

Team Rep: \_\_\_\_\_

Division (circle one): Men's Women's Co-Rec

Phone: \_\_\_\_\_

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

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

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

By signing this statement of eligibility understanding, I \_\_\_\_\_ (name of Campus Recreation Representative), have conferred with the team captain to attest that each member of this roster has not already appeared on six NIRSA Championship Series Regional/National Tournament rosters. All names listed on this roster should meet all NIRSA Championship Series eligibility guidelines.

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

Signature of **Campus Recreation Representative** approving team entry

**Incomplete forms or entries submitted without an entry form, entry fee, or Campus Recreation representative signature will NOT be accepted. This original player certification form with your institutions Registrar's seal must be received by the entry deadline of Friday, October 7, 2016.**

*Please print player's names; Roster limit – 15 for Men's and Women's teams, 16 for Co-Rec teams*

Player	Participant Name (please print)	Participant Signature	Student ID #	Completed by Registrar Fall 2016: Semester or Quarter	
				UG or GR	# of Credits
1				UG/GR	
2				UG/GR	
3				UG/GR	
4				UG/GR	
5				UG/GR	
6				UG/GR	
7				UG/GR	
8				UG/GR	
9				UG/GR	
10				UG/GR	
11				UG/GR	
12				UG/GR	
13				UG/GR	
14				UG/GR	
15				UG/GR	
16*				UG/GR	

\*Co-Rec teams only

**To be completed by Registrar's Office**

Number of credit hours required by your institution for a student to be considered full time: \_\_\_\_\_

Please place your institution's seal of certification in the box to the right in order to validate the information on this form.

By drawing a line under the last participant verified and by signing below, I certify that the \_\_\_\_\_ (#) students listed above are currently enrolled for the listed number of credits.

\_\_\_\_\_  
Signature Date Phone

Place institution's  
seal here



**Accident Waiver and Release of Liability Form**

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In consideration of being allowed to participate in any way in MOIRSA and MizzouRec Services related events and activities, the undersigned:

1. Agree that the participant should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue MOIRSA or MizzouRec Services, affiliated clubs, their respective administrators, trustees, officers, directors, agents, and other employees of the organizations, other members/participants, sponsoring/hosting agencies/universities, volunteers, sponsors, advertisers, and if applicable, owners and lessors or 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 and next of kin for any and all claims, demands, losses, or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I hereby agree to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event.

I understand that at this event or related activities I may be photographed; I agree to allow my photo, video or film likeness to be used for any legitimate purpose by MOIRSA, event holders, producers, sponsors, organizers and or assigns.

I understand that MOIRSA does not provide insurance for me, and I represent and warrant that I have personal health insurance coverage.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I have read the above waiver and release, understand that I have given up substantial rights by signing it and sign it voluntarily.

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

College/University: \_\_\_\_\_

Insurance Company and Policy Number: \_\_\_\_\_

**Parent/Guardian Waiver for Minors (Under 18 years old)**

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_