Deadline Date to Register: Friday, June 9, 2012

REGISTRATION FORM **DISTRICT 28**

SIMCOE COUNTY DISTRICT 28 SENIOR GAMES

YEAR 20_____

OPEN TO SIMCOE COUNTY RESIDENTS AND MEMBERS OF ACTIVE CLUBS WITHIN SIMCOE COUNTY DISTRICT 28

PLEASE PRINT

FIRST NAME _____

LAST NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

PHONE # _____CELL PHONE_____

PLEASE INDICATE AGE AND GENDER

___ 55-59 ___ 60-64 ____65-69 ___ 70-74 ___ 75+

___ MALE ___ FEMALE

NOTE: SOME GAMES HAVE AGE AND/OR GENDER RESTRICTIONS

PARTICIPANTS WAIVER FORM

I, THE UNDERSIGNED, PERSONALLY AND ON BEHALF OF MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, HEREBY RELEASE AND FOREVER DISCHARGE THE FOLLOWING:

A) THE ONTARIO SENIOR GAMES ASSOCIATION
B) THE MINISTRY OF CITIZENSHIP, CULTURE AND RECREATION
C) THE CORPORATION OF THE HOSTING MUNICIPALITIES IN THE COUNTY OF SIMCOE
D) ALL SPONSORS, ORGANIZER AND VOLUNTEERS OF DISTRICT 28, ONTARIO SENIOR GAMES ASSOCIATION, THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES OR SUCCESSORS, FROM ANY AND ALL CLAIMS OR DEMANDS THAT I HAVE OR MY HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS OR ANY THIRD PARTY MAY HAVE FOR PERSONAL INJURIES AND PROPERTY DAMAGE OF ANY NATURE WHATSOEVER, ARISING BY REASON OF MY PARTICIPATION IN ANY LEVEL OF THE ONTARIO SENIOR GAMES ASSOCIATION PROGRAM.

I AUTHORIZE THE DIST 28 SENIOR GAMES COMMITTEE TO GIVE SUCH CARE, AS MAYBE REQUIRED, BY MEDICALLY QUALIFIED PERSONNEL, IF AVAILABLE, TO ME DURING MY PARTICIPATION IN ANY EVENT OF THE ONTARIO SENIOR GAMES.

I HAVE READ THE ABOVE STATEMENT, UNDERSTAND IT AND MY SIGNATURE CONFIRMS ITS ACCEPTANCE. I ATTEST AND VERIFY THAT I HAVE FULL KNOWLEDGE OF THE RISKS INVOLVED IN MY PARTICIPATION AND THAT I AM PHYSICALLY FIT AND ABLE TO PARTICIPATE IN THE SAID GAMES.

DATED THE_____ DAY OF _____, 20___

WITNESS_____

PARTICIPANT _____

MEDICAL SECTION

YOUR ASSISTANCE IS REQUESTED

IS THERE SOMETHING THE EVENT CO-ORDINATOR SHOULD KNOW IN ORDER TO OBTAIN THE APPROPRIATE MEDICAL ATTENTION FOR YOU, SHOULD YOU BECOME ILL AT THIS EVENT? IF YES, PLEASE ADVISE BEFORE PLAY BEGINS.

ACTIVITIES AND PARTNERS

1st PLACE FINISHERS QUALIFY FOR ACTIFEST

___ BID EUCHRE – 4 HAND PROGRESSIVE
PARTNER _____

___ BOCCE – OPEN DOUBLES
PARTNER _____

___ CARPET BOWLING OPEN DOUBLES
PARTNER _____

___ CONTRACT BRIDGE OPEN DOUBLES
PARTNER _____

___ CRIBBAGE OPEN DOUBLES
PARTNER _____

___ CYCLING –___ 5 KM PREDICTION
___ 10 KM TIMED TRIAL

___ EUCHRE PROGRESSIVE OPEN DBLS.
PARTNER _____

___ DARTS – DOUBLES
PARTNER _____

___ FLOOR SHUFFLEBOARD DOUBLES
PARTNER _____

___ 5 PIN BOWLING TEAM _____
SINGLES _____

___ GOLF 18 HOLE
HANDICAP (M 0-14) / L(0-24)
HANDICAP (M 15-35) / L (25-35
CALLAWAY

___ HORSESHOES – DOUBLES
PARTNER _____

___ LAWN BOWLING MIXED DOUBLES
MIXED TREBLES

___ PICKLEBALL DOUBLES
PARTNER _____

___ SLO PITCH CO-ED TEAM CO-ED TEAM

___ SWIMMING PREDICTION
SPRINT
OVERALL

___ TENNIS DOUBLES
PARTNER _____

___ WALK - PREDICTION
- 3 KM NORDIC WALK
- 1 KM NORDIC WALK

_____

ONTARIO SENIOR GAMES REGISTRATION/AFFILIATION FEE $10.00 IS GOOD FOR MORE THAN ON SPORT AT DISTRICT LEVEL

TOTAL FEES PAID _____

PAYMENT ___ CASH ___ CHEQUE

DATE _____

2ND COPY IS YOUR RECEIPT

PLEASE RETURN THE ORIGINAL COPY TO THE CONVENOR. THE PARTICIPANT KEEPS COPY #2.