

# Salisbury / Rowan 2019 Official Registration Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

Phone contact: \_\_\_\_\_ Cell phone: \_\_\_\_\_

(circle) Male      Female      Age as of 12-31-2019 \_\_\_\_\_  
 This is my first Senior Games      \_\_\_ Yes      \_\_\_ No

**Mark the event in which you wish to participate, events with an asterisk (\*) and in red will not be offered at State Finals. Please refer to schedule for times.**

<p style="text-align: center;"><b><u>Individual Sports</u></b></p> <p>___ Archery                      ___ Discus          ___ Basketball shoot        ___ Football throw          ___ Billiards                    ___ Horseshoes          ___ Bocce                        ___ Miniature golf **          ___ Cornhole                    ___ Racquetball          ___ Croquet                      ___ Shot Put          ___ Cycling 1mile              ___ Shuffleboard          ___ Cycling 5K                  ___ Softball Throw          ___ Cycling 10K                ___ Spin Casting**</p>	<p style="text-align: center;"><b><u>Bowling</u></b></p> <p>___ Singles (\$6.00)          ___ Doubles (\$6.00)          ___ Mix DBLB (\$6.00)          Partner name doubles _____          Partner name mix-doubles _____</p>
<p style="text-align: center;"><b><u>Swimming</u></b></p> <p>___ 50yd Freestyle              ___ 100yd Backstroke          ___ 50yd Backstroke          ___ 100yd Freestyle          ___ 50yd Breaststroke        ___ 100yd Butterfly          ___ 50yd Butterfly            ___ 100yd Breaststroke          ___ 100yd IM                    ___ 200yd Butterfly          ___ 200yd Freestyle          ___ 200yd IM          ___ 200yd Backstroke        ___ 200yd Breaststroke          ___ 400yd IM                    ___ 500yd Freestyle</p>	<p style="text-align: center;"><b><u>Tennis</u></b></p> <p>___ Singles          ___ Doubles          ___ Mix Doubles          List Partners: _____</p>
<p style="text-align: center;"><b><u>Pickleball</u></b></p> <p>___ Singles          ___ Doubles          ___ Mix Double          List partners: _____</p>	<p style="text-align: center;"><b><u>Table Tennis</u></b></p> <p>___ Singles          ___ Doubles          ___ Mix Doubles          List Partners: _____</p>
<p style="text-align: center;"><b><u>Women's 50 Softball</u></b> _____          Shirt size _____  <b><u>Women's 55 plus Softball</u></b> _____          Shirt size _____</p>	<p style="text-align: center;"><b><u>Men's Basketball</u></b> _____          Shirt size _____  <b><u>Women's Basketball</u></b> _____          Shirt size _____</p>
<p style="text-align: center;"><b><u>Golf</u></b></p> <p style="text-align: center;"><b>The Warrior</b>          Shot Gun 9:30AM 18 holes with cart &amp; lunch \$20.00          ***Great prizes fun day***          If you have your own foursome please list names on separate sheet</p>	

**Over-you must complete back of form**

**Registration Fees - Liability Waiver  
required to participate in Senior Games**

**Senior Games Registration Fees**

Rowan County resident fee \$10.00 \$ \_\_\_\_\_  
 Non-Rowan County resident fee \$15.00 \$ \_\_\_\_\_

**Event Fees**

**Bowling** (cost to play singles if you are not in the Wednesday afternoon senior league)  
 \_\_\_\_\_ Singles \$6.00 \$ \_\_\_\_\_  
**All Bowling Doubles (even league players must pay doubles fee)**  
 \_\_\_\_\_ Doubles \$6.00 or \_\_\_\_\_ Mixed doubles \$6.00 \$ \_\_\_\_\_  
**Golf** 18 holes with cart & lunch \$20.00 \$ \_\_\_\_\_

**Total amount enclosed \$ \_\_\_\_\_**

**Please make check payable to Salisbury / Rowan Senior Game**

**Mail: Signed entry to: Salisbury / Rowan Senior Games  
 3541 Old Mocksville Road  
 Salisbury, N.C. 28144 Attn: Savannah Daniel**

**Medical Information (If you would like to supply)**

\_\_\_\_ Kidney disease    \_\_\_\_ Fainting    \_\_\_\_ Bronchitis    \_\_\_\_ Diabetes    \_\_\_\_ Arthritis  
 \_\_\_\_ Heart trouble    \_\_\_\_ High Blood pressure    \_\_\_\_ Low Blood pressure    \_\_\_\_ Seizures

List any medications your currently taking: \_\_\_\_\_

List any allergies (bee sting, penicillin, etc.) \_\_\_\_\_

**Emergency Contact (must have):** \_\_\_\_\_ phone \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ phone \_\_\_\_\_

**Liability Waiver Must be signed prior to practice or competition!**

The undersigned, in consideration for being allowed to participate in any and or all of the Salisbury / Rowan Senior Games, including any events and/or activities related thereto, does hereby release and fully discharge all person, firms, corporations, municipalities, charitable organizations, recreational and educational facilities, other participants, sponsors, owners and/or leasers of premises upon which a particular event is occurring, from any and all liability arising by virtue of any claim, demand, loss or damage sustained by the participant on account of injury to person (including death) and/or property, caused or alleged to be caused or alleged to be caused in whole or in part by any activity engaged in by the participant in the Salisbury / Rowan Senior Games, or in preparation therefore, and the undersigned further waives any cause of action with respect thereto.

The undersigned further acknowledges that the Salisbury / Rowan Senior Games may involve strenuous activity resulting in the possibility of severe injury, disability, or even death, which risk the participant hereby assumes in all respects.

**The undersigned has read this Waiver and Release thoroughly, and by signing this document, acknowledges a voluntary waiver of substantial rights.**

This the \_\_\_\_\_ day of \_\_\_\_\_ 2019

Signature \_\_\_\_\_