

Salisbury / Rowan 2017 Official Registration Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone contact: _____ Cell phone: _____

(circle) Male Female Age as of 12-31-2017 _____

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.

Individual Sports

<input type="checkbox"/> Horseshoes	<input type="checkbox"/> Shuffleboard
<input type="checkbox"/> Basketball shoot	<input type="checkbox"/> Softball Throw
<input type="checkbox"/> Spin Casting**	<input type="checkbox"/> Putt putt **
<input type="checkbox"/> Billiards	<input type="checkbox"/> Cornhole
<input type="checkbox"/> Bocce	<input type="checkbox"/> Cycling 1mile
<input type="checkbox"/> Croquet	<input type="checkbox"/> Cycling 5K
<input type="checkbox"/> Football throw	<input type="checkbox"/> Cycling 10K
<input type="checkbox"/> Archery	<input type="checkbox"/> Racquetball
<input type="checkbox"/> Discus	
<input type="checkbox"/> Shot Put	

Bowling

Singles (\$6.00)
 Doubles (\$6.00)
 Mix DBLB (\$6.00)
 Partner name doubles _____
 Partner name mix-doubles _____

Table Tennis

Singles
 Doubles
 Partner _____
 Mix Doubles
 Partners _____

Swimming

<input type="checkbox"/> 50yd Freestyle	<input type="checkbox"/> 100yd Backstroke
<input type="checkbox"/> 50yd Backstroke	<input type="checkbox"/> 100yd Freestyle
<input type="checkbox"/> 50yd Breaststroke	<input type="checkbox"/> 200yd Freestyle
<input type="checkbox"/> 50yd Butterfly	<input type="checkbox"/> 500yd Freestyle

Men's Basketball _____

Shirt size _____
Women's Basketball _____
 Shirt size _____

Men's 65 plus Softball _____

Shirt size _____

Pickleball

Singles
 Doubles
 Mix Double

Women's 50 Softball _____

Shirt size _____

Women's 55 plus Softball _____

Shirt size _____

List partners:

Golf

Crescent Club Golf Club

Shot Gun 10:00AM 18 holes with cart & lunch \$18.00

Great prizes fun day

If you have your own foursome please list names on separate sheet

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 \$18.00 \$ _____

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: Phyllis Loflin-Kluttz**

Medical Information

____ 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 _____ 2017

Signature _____