



2016 Individual Registration Forms

New Participants Must Enclose a Copy of a Valid Driver's License or MVA Identification.

Please Print Clearly. Fill Out and Submit Both Forms. Registration Closes One Week Prior to Each Event.

Full Name: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Birth Date (month/day/year): _____ Phone: _____ e-Mail: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Gender: Male [] Female [] Status: Returning Athlete [] New Athlete []

Were you a professional or Olympic athlete? Yes [] No [] Sport/Events: _____

Please Visit These Sites to Register for . . .

- ☛ 5k race: www.kentlands.org/5k/5k.html
- ☛ 10k race: www.raceforourkids.org
- ☛ 5k and 10k cycling time trials: www.parvillacycles.com
- ☛ Croquet: www.westriverwickets.com or www.gingercove.com

Participant Dues	Fees	Number of Items	Amount
Participation in 1 Event	\$25	one	\$25
Each Additional Event	\$5		\$
Additional/Optional Costs (complete all that apply to you)	Fees	Number of Items	Amount
10-Pin Bowling for Each Event	\$8		\$
Golf Fee (with cart)	\$39		\$
Your Tax-Deductible Additional Donation Is Greatly Appreciated!			\$
Mail-In Registration Fee (non-refundable)	\$10		\$10
	Total		\$
FREE! Your MSO Souvenir T-Shirt (except for team sports)! Choose Your Size: S ___ M ___ L ___ XL ___ 2XL ___			

Did You...?

- ✓ Complete BOTH sides of the individual athlete registration form?
- ✓ Check the "risk level" of each event (only TWO high-risk events per day, except swimming, and track and field.)?
- ✓ SIGN the liability waiver on the back of this form?
- ✓ Include a copy of your driver's license or MVA identification?
- ✓ Enclose a check or money order payable to: Maryland Senior Olympics (do not send cash)?

FOR OFFICE USE ONLY

Date received: _____ Check No. _____ Check Amount: \$ _____ Date Registered _____

Individual Athlete Registration (continued)

This form is for individual participants only. There is a separate form for team registrations. You must also fill out this form to list the individual events you wish to compete. Please complete each column of the form for each event you are entering, including your best time, score or distance for all swimming, golf, track and field events. On Risk Level, you can enter only two high-risk events per day—except for swimming, track and field.

Medical Information

For your safety, please list or attach a summary of all medical conditions, allergies, surgeries, medications, etc.

An "event" is defined as "one" activity. For example, tennis singles and doubles are two activities.

Age Group	Risk Level	Event Date (No Duplicates)	Event Full name/Description (e.g., 10-pin bowling singles, etc.)	Best Time or Score	Doubles Partner's Name and Date of Birth

Each participant must present a valid driver's license or MVA identification at check-in of events.

Enclose Check or Money Order and Mail to:

Maryland Senior Olympics
c/o Holiday Park Senior Center
3950 Ferrara Drive
Wheaton, Maryland 20906

Liability Waiver

The Maryland Senior Olympics Commission LTD strongly recommends that participants consult their physicians regarding practice, preparation, and competition in the Senior Olympics program. You must read and sign the following in order to participate in the Maryland Senior Olympics:

I, the undersigned participant, shall and will save and keep harmless and indemnify the Maryland Senior Olympics Commission LTD, Montgomery County and all other sponsors, volunteers or any of their agents or employees from and against any and all liability and claims which I may have and/or persons through me may have, such as a spouse or children, for damages of any kind or nature, including but not limited to personal injuries or death caused in whole or in part by the negligent acts of omission or commission by said indemnities acting independently or jointly in the sponsorship, conduct or operation of the 2016 Maryland Senior Olympics.

I have prepared myself for the event(s) which I have entered by practicing prior to the Maryland Senior Olympics. To the best of my knowledge and belief, I have no physical restrictions which would prohibit my participation in the events that I have selected. The Maryland Senior Olympics Commissions LTD has my permission to have a physician attend me if deemed necessary during my participation in the Maryland Senior Olympics.

I have read and understand all the information contained in the official form and the Risk Criteria as listed in the Maryland Senior Olympics registration form, which must be met in order to compete in the 2016 Maryland Senior Olympics. Fraudulent statements on this application will result in disqualification.

The Maryland Senior Olympics Commission LTD reserves the right to photograph participants for publicity purposes.

Signature of Participant: _____ **Date:** _____