

# Maryland Senior Olympics

## 2009 INDIVIDUAL REGISTRATION FORM

**PLEASE PRINT CLEARLY**

Please check if this is a new address

Last Name		First Name (No Nicknames Please)		MI	
Street Address			City	State	Zip County (AA, PG)
Birth Date (Month/Day/Year)		Telephone Number (Daytime)		E-Mail	
Emergency Contact Name		Relationship (Spouse, Sibling, Etc.)		Telephone Number	

Gender: ( ) Male ( ) Female  
 Status: ( ) Returning Athlete ( ) New Athlete  
 Were you a Professional or Olympic athlete? ( ) Yes Year(s): \_\_\_\_\_  
 Event/Team \_\_\_\_\_ Awards: \_\_\_\_\_

**NEW PARTICIPANTS** must enclose a copy of a valid MD Driver's License or MVA ID [Expires \_\_\_\_]  
 Everyone must present a valid Driver's License or MVA ID at the Games (Age will be calculated as of December 31, 2009)

**Medical Information:** (Medications, allergies, surgeries, conditions, etc.) Please list or attach a summary:

Participant Dues: (Choose Only 1)	Fees	Number	Amount
Registration for Unlimited – Non Team Events (prior to August 1)	\$ 50.00	N/A	\$
<b>Per Event*</b>	\$ 10.00	N/A	\$
Late Registration: After July 1, 2009 but prior to August 15, 2009 (space permitting)	\$ 60.00	N/A	\$
<b>Additional Costs: (Optional - Complete all that apply)</b>			
<b>Ten Pin Bowling:</b> Set Circle: [Singles \$5 – Doubles \$5 - Mixed Doubles \$5]	\$ 5.00	#	\$
<b>Golf Fee (walking)</b>	\$ 24.00	#	\$
<b>Golf Fee (with cart)</b>	\$ 39.00	#	\$
<b>Golf Course Lunch Ticket</b> – (Sandwich, Chips and Soda) # ___ x \$6.00	\$ 6.00	#	\$
<b>2009 Souvenir T-Shirt: (Size - S__ M__ L__ XL__ XXL__)</b>	\$ 8.00	#	\$
<b>Your tax deductible additional donation is greatly appreciated!</b>	\$		\$
		<b>TOTAL</b>	<b>\$</b>

To register for cycling go to [mdseniorolympics.org](http://mdseniorolympics.org) or email [registration@abrtcycling.com](mailto:registration@abrtcycling.com)

Team Event Prices are listed on the Team Roster Form.

\*An Event is defined as 1 activity. (Separate events are: Tennis Singles, Tennis Doubles, 50 Yard Backstroke, 100 Yard Backstroke, Basketball Floor, Basketball Foul, Bowling Singles, Bowling Doubles, Cycling 5K, Cycling 10K, etc.)

### **HAVE YOU REMEMBERED TO:**

1. Complete **BOTH SIDES** of the Registration Form?
2. Read the rules and format for each event for which you are registering?
3. Check the daily schedule for changes and to avoid conflicts?
4. Check the Risk Level of each event? (ONLY 2 HIGH RISK EVENTS PER DAY except Swimming)
5. **SIGN the liability waiver on the back of this form?**
6. Enclose a check or money order payable to Maryland Senior Olympics? **Do not send cash.**
7. MAIL TO: Maryland Senior Olympics, 12900 Middlebrook Road, Germantown, MD 20874.
8. Postmark all registration materials by **Deadline: July 31, 2009.** Incomplete entries will be returned.

FOR OFFICE USE ONLY- Date Rec'd \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ # of Events \_\_\_\_\_



**TEAM ROSTER FORM**

**2009 Maryland Senior Olympics  
Team Captains must complete both sides.**

**TEAM ROSTER FORM**

**TEAM NAME:** \_\_\_\_\_

**SPORT:** (circle one) Basketball-\$100 Softball-\$100 Volleyball-\$100 Line Dancing-\$10pp/Maximum-\$60

**AGE GROUP\*:** (circle one) 50-54 55-59 60-64 65-69 70-74 75+ **SEX:** (circle one) MEN WOMEN

*\* Age of team will be determined by the age of the youngest player as of December 31, 2009*

	Name-last, first	Address-street, city, state, zip, county	Birth Date	T-shirt \$8/pp (S, M, L, XL, XXL)
Captain				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
NP				
NP				
NP				
NP = Non Playing Personnel				

**DATE RECEIVED:** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

Mail check payable to Maryland Senior Olympics, 12900 Middlebrook Rd Germantown MD 20874

**DEADLINE: AUGUST 1, 2009**

**Any player with a medical history:** surgeries, medications, diseases-diabetes, high blood pressure, etc., should attach a statement to the roster.  
**New Participants** – attach a photocopy of “proof of residency” (ie-driver’s license) to the roster.

Team Name- \_\_\_\_\_

Team Captain- \_\_\_\_\_

Phone#- \_\_\_\_\_

**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.

I, the undersigned participant, shall save and keep harmless and indemnify the Maryland Senior Olympics Commission, Ltd., 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 indemnitees acting independently or jointly in the sponsorship, conduct or operation of the 2009 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 Commission 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 2009 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.

<b>Print Name (NP=Non Playing, Max 3)</b>	<b>Signature</b>	<b>Phone</b>	<b>Email</b>
Captain			
2			
3			
4			
5			
6			
7			
8			
9			
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11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
(NP)			
(NP)			
(NP)			