



# 2010 Individual Athlete Registration Forms

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

Please Print Clearly and You Must Fill Out and Submit Both Forms

Full Name: \_\_\_\_\_

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

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

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 [ ]

Event or sport/team \_\_\_\_\_ Awards: \_\_\_\_\_

Participant Dues (choose only one)	Fees	Number of Items	Amount
1 Event of Participation for Individual	\$20	n/a	\$
2-3 Events of Participation for Individual	\$30		
Unlimited Non-Team Events for Individual (prior to Aug. 1, 2010)	\$50	n/a	\$
Late Registration: Less than 30 days to event but prior to Sept. 30, 2010*	\$60	n/a	\$
* Indicates late registration allowed only if space permits in that event.			
Additional/Optional Costs (complete all that apply to you)	Fees	Number of Items	Amount
10-Pin Bowling	\$7		\$
Golf fee (walking)	\$24		\$
Golf fee (with cart)	\$39		\$
Golf course lunch ticket (sandwich, chips and soda)	\$6		\$
2010 MSO souvenir t-shirt (size: S___ M___ L___ XL___ 2XL___)	\$8		\$
Your Tax-Deductible Additional Donation Is Greatly Appreciated!	\$		\$
	<b>Total</b>		\$

☛ To register for the 5k race, please visit [www.kentlands.org/5k/5k.html](http://www.kentlands.org/5k/5k.html).

☛ To register for the 10k race, visit [www.mcrrc.org/races/Rockville10k5k](http://www.mcrrc.org/races/Rockville10k5k).

## Checklist. . .

- ✓ Did you complete BOTH sides of the individual athlete registration form?
- ✓ Read the rules and format of each event for which you are registering?
- ✓ Check the daily schedule for changes and to avoid conflicts?
- ✓ 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?
- ✓ 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: \$ \_\_\_\_\_ No. of Events \_\_\_\_\_





# 2010 Team Registration Forms

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This form is for teams wishing to participate in basketball, softball and volleyball competitions. There is a separate form for individual sports registrations. Even though many athletes participate in individual sports for the Maryland Senior Olympics and National Senior Games, the team sports differ widely.

First, each team captain must apprise his players of the risk levels for basketball (medium to high), softball (medium) and volleyball (high). Secondly, athletes must carefully address any medical conditions or medications against the higher-paced team sports compared to some of the individual sports.

Here are other things you should know about team sports activities and this form:

- ✓ Completely fill out the roster form on the next page and please print clearly;
- ✓ Even though you might be entered in an individual sport, you must still be on a team roster to be eligible to play;
- ✓ Be sure to choose which sport your team is entering and the age group;
- ✓ List your medical information. Use an extra piece of paper, if necessary. This data is for your safety in case of emergency;
- ✓ Make sure your captain has read and signed the Liability Waiver, and that his/her players are aware of the agreement.
- ✓ The deadline for entry is 30 days prior to your event, otherwise there is a late-fee penalty of \$60—if a position is open.

## Enclose Check or Money Order and Mail to:

Maryland Senior Olympics  
12900 Middlebrook Road  
Germantown, Maryland 20874

Postmark all registration materials no less than 30 days prior to first event.  
Incomplete entries will be returned.

## Medical Information

Please list on the line below or attach a summary of all medical conditions, allergies, surgeries, medications, etc.

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## 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 2010 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 2010 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:** \_\_\_\_\_

Fully Complete the Team Roster Form on the Next Page



Team Name: \_\_\_\_\_ Team Captain: \_\_\_\_\_ Phone: \_\_\_\_\_

SPORT: (circle one) Basketball \$100 Softball \$200 Volleyball \$175

AGE GROUP\*: (circle one) 50-54 55-59 60-64 70-74 75-plus SEX: (circle one) Men Women

\*Age of team will be determined by the age of the youngest player, as of Dec. 31, 2010.

	Name—Last, First (please print)	Address—Street, City, State, Zip, County	Birth Date	Signature	Phone and e-Mail	MSO T-Shirt \$10 each S, M, L, XL, XXL
2						
3						
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NP						
NP						
NP						

NP = Non-Playing Personnel (maximum of three)

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

FOR OFFICE USE ONLY Date received: \_\_\_\_\_ Check No. \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_