



# 2019 INDIVIDUAL REGISTRATION FORM

NEW PARTICIPANTS – ENCLOSE A COPY OF A VALID DRIVER'S LICENSE OR MVA IDENTIFICATION.

**PLEASE PRINT CLEARLY. FILL OUT AND SUBMIT BOTH SIDES. REGISTRATION CLOSSES TWO WEEKS PRIOR TO EACH EVENT OR WHEN CAPACITY IS REACHED.**

FULL NAME:

STREET ADDRESS:

CITY:

COUNTY:

STATE:

ZIP:

BIRTH DATE (MO/DAY/YR):

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:** [kentlandsfoundation.org/annual-5k](http://kentlandsfoundation.org/annual-5k)

▪ **CROQUET:** [westriverwickets.com](http://westriverwickets.com) or [gingercove.com](http://gingercove.com)

▪ **10K RACE:** [raceforourkids.org](http://raceforourkids.org)

▪ **DISC GOLF:** [dgscene.com](http://dgscene.com)

## PARTICIPANT DUES

	FEES	NO. OF ITEMS	AMT.
Participation in 1 Event (event with the highest fee)	\$15   \$30   \$40	one	\$
Each Additional Event	\$5		\$
Team Member, Team: _____	\$5   \$10		\$

## ADDITIONAL/OPTIONAL COSTS

### COMPLETE ALL THAT APPLY TO YOU

	FEES	NO. OF ITEMS	AMT.
Non-Maryland resident	\$10	one	\$
10-Pin Bowling for Each Event	\$8		\$
Golf Fee (with cart)	\$50	one	\$
<i>YOUR TAX-DEDUCTIBLE ADDITIONAL DONATION IS GREATLY APPRECIATED!</i>			\$
Mail-In Registration Fee	\$10		\$10

SEE REFUND POLICY ON PAGE 4

**TOTAL** \$

**[ FREE! YOUR MSO SOUVENIR T-SHIRT! CIRCLE YOUR SIZE: S M L XL 2XL 3XL ]**

## DID YOU...?

- Complete BOTH sides of the individual athlete registration form?
- SIGN the liability waiver on the back of this form?
- Include a copy of your driver's license or MVA identification? (new athletes only)

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

# 2019 INDIVIDUAL REGISTRATION CONTINUED...

**INDIVIDUAL ATHLETE REGISTRATION** This form is for individual participants only. There is a separate form for team roster and 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 or distance for all swimming, and track and field events.

## MEDICAL INFORMATION

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

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## EVENT REGISTRATION

 AN "EVENT" IS DEFINED AS ONE ACTIVITY. IE, TENNIS SINGLES AND DOUBLES ARE TWO ACTIVITIES.

AGE GROUP	EVENT DATE (NO DUPLICATES)	EVENT FULL NAME (E.G., BOWLING, SINGLES, ETC.)	BEST TIME/ DISTANCE	DOUBLES PARTNER'S NAME & DOB

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 2019 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 above. 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: