

PLEASE PRINT:

Name: _____
 Address: _____
 City/Town: _____

Male Female Age _____ (please fill in)
 Phone: _____
 Postal Code: _____

INDIVIDUALS, PARTNERS AND TEAM MEMBERS MUST COMPLETE THEIR OWN INDIVIDUAL FORM

Check the activity for each event you wish to enter, check age group and print partner or captain

Lunch fee - please check those that apply

Facility fee - please check those that apply

<input type="checkbox"/> SHUFFLEBOARD Partner _____	→ lunch provided	
<input type="checkbox"/> EUCHRE Partner _____	→ <input type="checkbox"/> \$5	
<input type="checkbox"/> 5 PIN BOWLING Captain _____	→ lunch provided	→ <input type="checkbox"/> \$8 (lineage)
<input type="checkbox"/> CRIBBAGE Partner _____	→ <input type="checkbox"/> \$5	
PICKLEBALL 55+ <input type="checkbox"/> 65+ <input type="checkbox"/>		
<input type="checkbox"/> Men's: Partner _____		
<input type="checkbox"/> Women's: Partner _____	→ no lunch	→ <input type="checkbox"/> \$5(gym rental)
<input type="checkbox"/> Mixed: Partner _____		
DARTS 55+ <input type="checkbox"/> 65 + <input type="checkbox"/>		
<input type="checkbox"/> Men's: Partner _____		
<input type="checkbox"/> Women's: Partner _____	→ <input type="checkbox"/> \$5	
<input type="checkbox"/> Mixed: Partner _____		
<input type="checkbox"/> CARPET BOWLING Partner _____	→ <input type="checkbox"/> \$5	
<input type="checkbox"/> CONTRACT BRIDGE Partner _____	→ <input type="checkbox"/> \$5	
<input type="checkbox"/> BID EUCHRE Partner _____	→ <input type="checkbox"/> \$5	
<input type="checkbox"/> LAWN BOWLING-MIXED TRIPLES Captain _____	→ <input type="checkbox"/> \$5	
<input type="checkbox"/> LAWN BOWLING-MIXED DOUBLES Partner _____	→ lunch provided	
<input type="checkbox"/> SLO-PITCH Captain _____	→ no lunch	→ <input type="checkbox"/> \$7(diamond,balls)
<input type="checkbox"/> BOCCE Partner _____	→ <input type="checkbox"/> \$5	
<input type="checkbox"/> GOLF Handicap <input type="checkbox"/> or Calloway <input type="checkbox"/> (check)	→ <input type="checkbox"/> \$12	→ <input type="checkbox"/> \$22 (green fees)
TENNIS 55+ <input type="checkbox"/> 65 + <input type="checkbox"/> 75+ <input type="checkbox"/>		
<input type="checkbox"/> Men's: Partner _____		
<input type="checkbox"/> Women's: Partner _____	→ <input type="checkbox"/> \$8	→ <input type="checkbox"/> \$2 (balls)
<input type="checkbox"/> Mixed: Partner _____		
HORSESHOES		
<input type="checkbox"/> Men's: Partner _____		
<input type="checkbox"/> Women's: Partner _____	→ <input type="checkbox"/> \$5	
<input type="checkbox"/> Mixed: Partner _____		

COST

ENTRY FEE

\$8 for 1 event
 \$13 for 2 events
 \$16 for 3 or more

LUNCH FEES

FACILITY FEES

TOTAL

(OVER)

REGISTRATION FORMS MUST BE RECEIVED **ONE (1) WEEK** PRIOR TO YOUR FIRST EVENT.

CHEQUES SHOULD BE MADE PAYABLE TO *DURHAM REGION SENIOR GAMES*

REGISTRATION FORM & PAYMENT (CHEQUE) TO BE MAILED TO:

DURHAM REGION SENIOR GAMES
701 ROSSLAND ROAD E., SUITE #484
WHITBY, ON, L1N 9K3

Requests for refunds must be submitted in writing, prior to the event, to the above address and will only be granted for medical reasons.

PARTICIPANT WAIVER:

I, the undersigned, personally and on behalf of my heirs, executives, administrators and assigns, hereby release and forever discharge the following:

- A) The Ontario Senior Games Association (OSGA)
- B) The Ministry of Health Promotions and Sport Alliance
- C) All Municipalities and or Counties within District 13
- D) All Sponsors, Organizers and Volunteers of District 13, OSGA, and their respective officers, directors, representatives or successors, from any and all claims or demands that I have or my heirs, executors, administrators, assigns or any third party may have the personal injuries and property damage of any nature whatsoever, arising by reason of my participation and at any level of the OSGA program.

I authorize the OSGA and District 13 Committee to have such care, as may be required by medically qualified personnel, during my participation in any event of the Ontario Provincial Senior Games.

I hereby agree that photographs taken at the events, including those containing my image, may be posted on District 13's website and may be used for promotional purposes

I have read the above statement; understand it and my signature confirms its acceptance. I attest and verify that I have full knowledge of the risks involved in any participation and that I am physically fit and able to participate in the said games.

PARTICIPANT'S NAME: _____ DATE: _____
(Please print clearly)

PARTICIPANT'S SIGNATURE: _____

E-MAIL ADDRESS: _____

NOTE: . In age group events, when there are insufficient entries, competitors will be placed in the next lower age group. For complete rules and eligibility for all events visit www.ontarioseniorgames.ca. Please retain the Information Booklet for reference (dates, times, locations) and direct any questions directly related to a specific event to the Convenor

. For general inquiries, contact one of the following:
Ruth Vdovich (Games Coordinator) 905 666-9067
Linda Spadaro (Games Registrar) 905 571-2039