

PARTICIPANT REGISTRATION FORM

To be completed by both ATHLETIC & SILVERARTS participants. Due February 28, 2020

Name: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 County: _____ Gender: Male Female
 Date of Birth: _____ *Your age group will be based on your age on 12/31/2019.*
 Home Phone: _____ Cell Phone: _____
 Emergency Contact Name, Relationship & Phone: _____
 Personal Physician Name and Phone: _____

Shirt Type (circle one): Collard Knit Shirt Regular T-Shirt
 Shirt Size (circle one): Small (32-34) Medium (36-38) Large (40-42) XL (44-46) XXL (48-50)

NC Senior Games has asked to be provided the following information. It will be kept confidential.
 My ethnicity: ___ Black or African American; ___ Asian; ___ American Indian or Alaska Native; ___ White;
 ___ Native Hawaiian or other Pacific Islander; ___ Hispanic; or ___ Unknown/Refused

LIST OF FEES	FEE AMOUNT	APPLIED FEES
Registration - ALL PARTICIPANTS MUST PAY	\$10 =	\$10
Breakfast & Salute to Participants - check if you plan to attend. March 31 at 9 am at Kernodle Senior Center.	FREE =	
Awards Tea - check if you plan to attend. May 7 at 2 pm at the Kernodle Senior Center.	FREE =	
Awards Tea Guest Ticket	Number of guest: x \$3 =	
Bowling	Singles \$6 =	
	Doubles \$6 =	
	Mixed Doubles \$6 =	
Badminton	Singles \$2 =	
	Doubles \$2 =	
	Mixed Doubles \$2 =	
Golf	\$15 =	
Billiards	\$9 =	
Putt-Putt	\$1 =	
Softball Team Fee - refunded if sponsor is found	\$10 =	
Basketball Team Fee - refunded if sponsor is found	\$10 =	
TOTAL AMOUNT ENCLOSED =		

Complete this form front & back, attached event registration and check for fees and mail to: *ALAMANCE/BURLINGTON SENIOR GAMES
 P.O. BOX 1358
 BURLINGTON, NC 27216-1358*

Checks payable to CITY OF BURLINGTON. Your phone number, address & driver's license numbers is required on check!

LOCAL FUNDING PROVIDED BY:

Biscuitville, Cedar Ridge, Humana, Homeplace of Burlington, Edward Jones, Lowe Funeral Home & Crematory, Ashton Health & Rehabilitation, Loving Senior Care, Always Best Senior Care, Health Team Advantage, Cone Health – AMRC, Brookdale of Burlington, Alamance Health Care Center, Home Helpers of Guilford and Burger King

"This program is sanctioned by North Carolina Senior Games, Inc.
 North Carolina Senior Games, Inc. is sponsored state-wide by the North Carolina Division of Aging."

OVER

LIABILITY WAIVER (Must be signed by ALL participants!)

Amateur Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in the 2020 Alamance/Burlington Senior Games (A/BSG) athletics/sports program, and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE ALAMANCE/BURLINGTON SENIOR GAMES, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, volunteers, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I understand that it is my responsibility to check with my local Games Coordinator immediately following my local games to determine if I qualify for State Finals and to get a State Finals Entry Packet if I do not have internet access. My State Finals registration with payment and all required items must be received in the NCSG office in Raleigh by 11:59 pm on August 1st. I understand that this deadline is strictly enforced in fairness to all and it's my responsibility to make sure I am registered.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I Have Read This Release

Printed Name: _____ Signature: _____ Date: _____

By entering the Alamance/Burlington Senior Games, I grant A/BSG and its sponsors the right to use my name, quotes and any pictures taken of me during events without remuneration.

HEALTH INFORMATION (Required by ALL participants!)

We are committed to creating a healthy and safe environment for all participants, staff, and spectators. We request that every participant consult his/her doctor in regard to preparation for, and competition in, Senior Games or any similar activity. Please inform A/BSG at the time of the games of any changes in your medications or health status. Each question is voluntary and will be destroyed after the Games. **Print Clearly. {You may attach a sheet.}**

1. Do you: Have trouble hearing? _____ Wear a Hearing aid? _____ Wear Glasses? _____ Contacts? _____

2. List any specific medical conditions that would require immediate attention: _____

3. List any allergies (medicines, food, insects etc.): _____
