ATHLETE REGISTRATION FORM

Please! Il out appropriate section for your entry into the 2015 Games

DON'TFORGET!



TO BE ELIGIBLE TO PARTICIPATE IN THE 2015 WASHINGTON STATE SENIOR GAMES, YOU MUST SIGN

AND DATE THE WAIVER ON THE REVERSE
SIDE OF THIS PAGE AND RETURN IT ALONG
WITH YOUR REGISTRATION FORMS AND PAYMENT.



PERSONAL INFORMATION



Complete the front page of the Athlete Registration Form with your personal information. Complete one form per person. Print clearly!

SPORT INFORMATION - FEE CALCULATION

Please mark a check to the right of each event you wish to enter. ! en "II in the fee box accordingly.

PAYMENT INFORMATION

Entries will not be accepted without payment. Please pay with a check made payable to Washington State Senior Games, or by supplying your credit card information.

CONFIRMATION



Your Registration Con" rmation will be mailed to you within two weeks. If you have any questions, please call us for assistance at (360) 413-0148.

MAIL IN YOUR COMPLETED REGISTRATION FORMS



Once you have completed your registration form(s)* and signed your waiver(s), mail them along with your payment check (unless you are paying by credit card) to:

Washington State Senior Games P.O. Box 1487 Olympia, WA 98507-1487

* All registration forms must be postmarked by July 14, 2015 (July 2 for Dance, July 7 for Archery and So! ball). Save \$10 by mailing your Registration Forms by May 29, 2015.









Agreement, Release & Waiver

THIS CONSENT FORM MUST BE SIGNED AND RETURNED WITH REGISTRATION FORM

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

- In consideration of the acceptance of my application to participate in the Washington State Senior Games I hereby, for myself, my heirs, executors, administrators and assigns do hereby release, waive, and/or forever discharge any and all rights, claims, and causes of action for damages that may be su#ered by me as the result of my preparation for and/or participation in Washington State Senior Games.
- I recognize and voluntarily accept all risks associated with my participation in the event, no matter how remote or unlikely. I realize that my activity may well include serious bodily injury, catastrophic spinal injury (including total or partial paralysis), permanent impairment, brain damage, and even death. I recognize that these injuries may be sustained by me from falling, tripping, being pushed, running, striking or being struck by a spectator, another participant, a vehicle, equipment used in the event, and the like.
- As an adult, I take full responsibility for my participation in this event and for the level at which I choose to participate. I have no impairment, physical or mental, that should predude my participating in this event at the level that I choose. I am physically "t and capable of participating in this event at the level I choose. I understand that I can remove myself from participating in this event at any time I choose to do so.
- I do not expect Washington State Senior Games, its agents, volunteers, officers, employees, any partner cities or sponsors to coach, manage, instruct or train me for this event. I recognize that it is my personal responsibility to learn, prepare, understand and obey the rules for this activity or event.
- Prior to participating as an athlete I will inspect the facilities and equipment to be used and if I believe same to be unsafe, I will immediately report such conditions to the Sport Commissioner, Supervisor or Official connected with the Games of same and either decline to participate or assume the risk of participating.
- The undersigned expressly agrees that the foregoing Waiver and Release of all claims is intended to be as broad and inclusive as is permitted by the laws of Washington and that if any portion thereof is held invalid it is agreed that the balance shall not withstanding, continue in full legal force and effect.
- I assume all of the above risks and release, waive, discharge, hold harmless indemnify and covenant not to sue Washington State Senior Games, its Board, employees, volunteers, coaches, trainers, officials, partner cities and sponsors, or others affiliated with the Games.
- Further, I grant full permission to use my photograph, picture, likeness and/or voice to appear in any official documentary, promotional (including any and all advertisements), television, radio or film coverage of the Games without compensation.
- I consent to all emergency medical treatment as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Games.
- I, the undersigned, have carefully read and voluntarily signed this hold-harmless Waiver and Release of all claims and fully understand its contents and meaning as full waiver and release of all claims, liability and indemnity for Washington State Senior Games, its agents, volunteers, officers, employees and any partner cities and sponsors.

I have read this Waiver of Liability and Lagreeto its terms.	
--	--

SONHERE	
DRAITAWAELEDE	DXIE
INVITATE DE	DAIL

PAYMENT CALCULATION			
Basic Registration Fee	select one	Total	
I mailed myregistration on or before May 29th	\$23 □		
Imaledmyregistrationafter May 29th	\$33 □		
Event Fee AFFLIESTOALLSFORSEKEPTOOF)	select one		
l'mregisteringfor1 event	\$9□		
l'mregisteringfor2 events	\$ 18 □		
l'mregisteringfor3 events	\$ 27 🗆		
l'mregisteringfor4 events	\$ 36 □		
l'mregisteringfor 5 or more events	\$ 45 🗆		
l'mregisteringfortheGolf Tournament \$5			
Iwouldlike Athlete Celebration Dinner Tickets for Saturday JJy 25@\$15 each	\$15x =		
I would like to danateto Weshington State Senior Germes			
GRAND TOTAL			

PAYMENT INFORMATION	Amount Paid:	
☐ I am paying by check	☐ I am paying by credit card: ☐ VISA ☐ Mastercard	
Check Number	Gedit Card Number	Expiration Date (MMYY)

Individual & Doubles ENTRY FORM

THE WASHINGTON STATE SENIOR GAMES PERMITS OUT-OF-STATE PARTICIPANTS
Personal Information (please print)
Name (Last) (MI.)
Gender Male Female Date of Birth (MM/DD/YYYY)
Addr ess
Cit y STATE/PROVINCE ZIP/POSTAL CODE
E-mail address
Home phone Cell phone
Emergency Contact
Emergency Contact Name Phone
Miscellaneous Information
Your T-Shirt Size □ S □ M □ L □ XL □ XXL □ XXXL
Have you been a resident of Washington State for at least 6 months of the last year? $\ \square$ Yes $\ \square$ No
Do you intend to stay overnight in the Olympia-Lacey-Tumwater area? $\ \square$ Yes $\ \square$ No
Will you be staying at a motel or B&B? ☐ Yes ☐ No
IFYES, what is the name of your place of lodging?
IF YES, how many nights will you be staying?
Where did you hear about the 2015 Washington State Senior Games?
What is your local or weekend newspaper?



Choose Your Sport

Please, check the box to the right o	t each event you wish to enter
ARCHERY ENTRY LIMITED TO ONE EMENT ONLY Bare Bow Compound Bare Bow Recurve Compound Fingers Compound Release Recurve	COWBOY ACTION SHOOTING 1sr Groce 2xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
BADMINTON Singles Doubles Partner	CYCLING 5k Time Trial 10k Time Trial 40K Road Race
Mixed Doubles Partner	GOLF 18-Hole Tournament Resse provide your handicap index
BASKETBALL Freethrow Hot shot	Rease provide your card number Foursome
BOWLING Partner	
Partner	PICKLEBALL Singles Doubles Partner
	Mixed Doubles Partner

Choose Your Sport

Please, check the box to the right of each event you wish to enter

POWERWALKING 1500 meter RACE WALK 1500 meter 5000 meter RACQUETBALL Sngles	TABLETENNIS Singles Doubles Partner Mixed Doubles Partner
Doubles Partner	TENNIS Singles Doubles Partner
ROAD RACE 5K 10K	Mixed Doubles Partner
ROCK CLIMBING Individual	Rease provide your USTA level
SHUFFLEBOARD Singles Doubles Partner SWIMMING SHEDTIME	TRACK & FI ELD 50m
SEDTIME (your last recorded time) 500 yd freest yle 100 yd breast stroke 25 yd butter "y 200 yd freest yle 25 yd backstroke *200 yd. freest yle relay, mixed 50 yd freest yle 200 yd individual medley 50 yd breast stroke 100 yd freest yle *100 yd. medley relay, mixed 100 yd butter "y 25 yd breast stroke 50 yd butter "y 100 yd backstroke 200 yd breast stroke 50 yd butter "y 100 yd backstroke 100 yd individual medley 25 yd freest yle 50 yd backstroke	TRACK & FIELD Hammer Throw Weight High Jump Javelin Discus Long Jump Role Vault Shot put Softball Throw Football Throw Standing Long Jump Triple Jump Rease provide your USATF# (HAMMERANDWEGHTTHROWSONY) TRAP SHOOTING
200 yd butter "y	16 yard Sngles (100 targets)

Pl ease, check the boxes to the right of each event you wish to enter BALLROOM DANCE choose your level Bronze | Bronze | Partner | Phone | Gold | Group | G

July 11 Make Your Ballroom Dance Dinner Reservation

Markthisboxfor your July 11 Dinner Reservation.
Payat thedoor, on the day of competition.

DANCE		CHOOSE ONE OF EACH DOUBLE GROUP					
(dosed, unless at herwise nated)	OPEN	AVERICAN	INTERNATIONAL	GFOLP	8010	AM/AM	PROAM
Waltz							
Tango							
Foxtrot							
Viennese Waltz							
Rumba							
Cha Cha							
East Coast Swing							
Mambo							
Bolero							
Quickstep							
Jve							
Samba							
Paso Doble							
Salsa							
West Coast Swing							
Night Club 2-Step							
Hustle							
ArgentineTango							

Volunteers Make Our Games

Become a Senior Games Volunteer!

The Washington State Senior Gamesrely on volunteers. Every year, it takes nearly 200 volunteers to produce this special event. And every year our volunteers get up, show up and step up their support by helping at check-in booths, arranging signs and posters, carrying sports gear or equipment, and providing snacks and refreshments for athletes. Friendships form this way, and many volunteers treat the Games as an annual get-together for fellowship and staying in touch. Rease consider volunteering. As a nonpro! torganization, the Washington State Senior Games needs volunteers ALL YEARLONG behind the scenes to help with planning and sponsorship services.

To Volunteer, contact: Jack Kiley at 360-754-4937

