

Individual Entry Form

2017 Senior Olympic Festival—January 7 –February 4, 2017

Please type or print legibly (front and back side)

First name	Middle	Last Name	Birthdate	Age (as of 12/31/17)	Gender
Address		City	State	Zipcode	
Phone		Alt. Phone	Email		
Emergency Contact	Phone		2017 Senior Olympic Festival T-Shirt (included with Registration)		
				___S	___M
				___L	___XXL
				___XXXL	

Individual Registration (Doubles partner must also register separately)

Individual Event Registration Information

	Event Name	Course Code #	Cost	(Doubles Only) Partners Name	Partners Shirt Size	Partners Age

Cash Payment

Payment by check: Please make checks payable to: "Senior Olympic Festival"

Payment by credit/debit card

Visa Mastercard Discovery (Check type) Card # _____

Expiration Date _____ Cardholder Name (Please Print) _____

Send Registration and payment to: **900 S. Randolph Way, Tucson, Az 85716**

Extra Fee: Qty. (These shirts are addition to shirt included with registration)

Pins _____ x \$2.00

Small T-Shirt _____ x \$5.00

Medium T-Shirt _____ x \$5.00

Large T-Shirt _____ x \$5.00

X-Large T-Shirt _____ x \$5.00

XX-Large T-Shirt _____ x \$5.00

XXX-Large T-Shirt _____ x \$5.00

Total Cost for Activities \$ _____

Total Cost for Extras \$ _____

Donation to S.O.F \$ _____

Processing Fee \$ 5.00

***Total Payment** \$ _____

Late Fee _____ x \$3.00 (after Dec. 31, 2016)

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

I, the undersigned, hereby agree to indemnify, save and hold harmless the City of Tucson, the Parks and Recreation Department, the Pima County Parks and Recreation Department, the Senior Olympic Festival Committee or any of their sponsors, agents or representatives of my health, safety, or any injury resulting from any participation in the Senior Olympics Festival.

I understand, with more than 100 events in over 30 sports / activities being conducted in 9 days, that some scheduling conflicts and long competition days are unavoidable. I have prepared myself for the events which I have entered by practicing prior to the Festival. To the best of my knowledge and belief, I have no physical and medical restrictions which would prohibit my participation in the events I have selected.

The Senior Olympic Festival Committee and / or Parks and Recreation Department has my permission to have a physician attend to me if it is deemed necessary during my participation in the Festival.

I hereby grant the Tucson Parks & Recreation Department permission to record my likeness and / or voice for use by television, films, radio or printed media to further the aims of the Parks & Recreation program in related campaigns and magazine articles, booklets, posters and in any other ways it may deem appropriate.

Signature: _____ Date:

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