



# 2019 TEAM MEMBER REGISTRATION FORM

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

**IF YOU ARE REGISTERING FOR INDIVIDUAL SPORTS AS WELL, PLEASE USE THE INDIVIDUAL REGISTRATION FORM AND INCLUDE TEAM MEMBER FEE WITH THAT PAYMENT. YOU DO NOT NEED TO FILL OUT THE FORM BELOW.**

FULL NAME: \_\_\_\_\_ TEAM(S): \_\_\_\_\_

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: \_\_\_\_\_

<b>PARTICIPANT DUES</b>	<b>FEES</b>	<b>ITEMS</b>	<b>AMT.</b>
Participation in Team Sport Event	\$5   \$10		
<i>YOUR TAX-DEDUCTIBLE ADDITIONAL DONATION IS GREATLY APPRECIATED!</i>	-	-	
SEE REFUND POLICY ON PAGE 4			
<b>TOTAL</b>			\$

**ENCLOSE CHECK/MONEY ORDER TO:**

Maryland Senior Olympics c/o Holiday Park Senior Ctr | 3950 Ferrara Dr | Wheaton, MD 20906

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

## 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: \_\_\_\_\_