



2022 TEAM ROSTER FORM

REGISTRATION DEADLINE IS TWO WEEKS PRIOR TO EVENT.

ALL TEAM MEMBERS FILL OUT A REGISTRATION FORM (REVERSE SIDE).
ATTACH ALL REGISTRATION FORMS TO TEAM ROSTER (THIS FORM).

TEAM NAME:

TEAM CAPTAIN:

PHONE:

SPORT: (CIRCLE ONE) BASKETBALL \$125 (+\$5 each team member) SOFTBALL \$100 (+\$5 each team member) VOLLEYBALL \$175 (+\$5 each team member)

AGE GROUP*: 50-54 55-59 60-64 65-69 70-74 75-PLUS 80-PLUS** SEX: MEN WOMEN

*AGE OF TEAM WILL BE DETERMINED BY THE AGE OF THE YOUNGEST PLAYER AS OF DEC. 31, 2022. **80-PLUS FOR BASKETBALL ONLY.

NAME LAST, FIRST (PLEASE PRINT)	PHONE	EMAIL	STATE	BIRTH DATE	SHIRT SIZE S-3XL
CAPTAIN					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
NP					
NP					

NP = NON-PLAYING PERSONNEL FOR OFFICE USE ONLY Date received: Check No. Check Amount: \$

ENCLOSE CHECK/MONEY ORDER TO: Maryland Senior Olympics c/o Holiday Park Senior Ctr | 3950 Ferrara Dr. | Wheaton, MD 20906.



2022 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: _____

PARTICIPANT DUES	FEES	ITEMS	AMT.
Participation in Team Sport Event (If Team Captain hasn t paid)	\$5		
<i>YOUR TAX-DEDUCTIBLE ADDITIONAL DONATION IS GREATLY APPRECIATED!</i>	-	-	
<i>SEE REFUND POLICY ON PAGE 4</i>			
TOTAL	-	-	\$

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3950 Ferrara Dr
Wheaton, MD 20906

CIRCLE YOUR TSHIRT SIZE:

S M L XL 2XL 3XL

Cotton Heritage Unisex (60%cotton/40%polyester)



LIABILITY WAIVER

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 2022 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.

An inherent risk of exposure to COVID-19 exists in any place where people gather. COVID-19 is an extremely contagious disease that can lead to severe illness and death. You assume all risks, hazards, and dangers arising from or relating in any way to the risk of contracting a communicable disease or illness - including, without limitation, exposure to COVID-19 or any other bacteria, virus, or other pathogen capable of causing a communicable disease or illness, whether that exposure occurs before, during, or after the event, and regardless of how caused or contracted - and you hereby waive any and all claims and potential claims against 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:** _____