S	2023 Team Roster For	ter For	2	TEA	TEAM NAME:			
	SEE MDSENIOROLYMPICS.ORG FOR REGISTRATION DEADLINES.	RG FOR REG	STRATION DEADLINES.	TEA	TEAM CAPTAIN:			
	ALL TEAM MEMBERS FILL OUT A REGISTRATION FORM (REVERSE SIDE). ATTACH ALL REGISTRATION FORMS TO TEAM ROSTER (THIS FORM).	UT A REGISTF DRMS TO TEAN	RATION FORM (REVERSE S M ROSTER (THIS FORM).		PHONE:			
SPORT: (CIRCLE ONE) SAND VOLLEYBALL, D	SPORT: (CIRCLE ONE) BASKETBALL \$125 (+\$5 each team member) SOFTBALL \$100 (+\$5 each team member) VOLLEYBALL SAND VOLLEYBALL, DOUBLES OR QUADS (circle); DOUBLES \$25 per person, plus \$5 per player; QUADS \$10 per person, \$5 per player	; (+\$5 each tear (circle); DOUBL	m member) SOFTBALL \$100 ES \$25 per person, plus \$5 per p) (+\$5 each tea blayer; QUADS	SOFTBALL \$100 (+\$5 each team member) VOLLEYBALL \$125 (+\$5 each team member) ison, plus \$5 per player; QUADS \$10 per person, \$5 per player	BALL \$125 player	(+\$5 each team	member)
AGE GROUP*: 50-54	P*: 50-54 55-59 60-64	□ 62-69 □	70-74 75-PLUS 80-PLUS**	□ **SU_	SEX: MEN			
*AGE OF TEA	*AGE OF TEAM WILL BE DETERMINED BY THE AGE OF THE YOUNGEST PLAYER AS OF DEC. 31, 2023.	OF THE YOUNGE	EST PLAYER AS OF DEC. 31, 2023.	SNT4-08**	**80-PLUS FOR BASKETBALL ONLY.			
NAME-LA	NAME-LAST, FIRST (PLEASE PRINT)		PHONE	EMAIL		STATE	BIRTH DATE	SHIRT SIZE S-3XI
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NP = NON- ENCLOSE (NP = NON-PLAYING PERSONNEL FOR OFFICE USE ONLY Date received: Check ENCLOSE CHECK/MONEY ORDER TO: Maryland Senior Olympics PO Box 6655, Columbia, MD 20906	FOR OFFICE USE ONLY Aaryland Senior Olym	E ONLY Date received: or Olympics PO Box 6655, C	olumbia, MD	Check No. 20906	Che	Check Amount: \$	





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 FILLOUT THE FORM BELOW.

FULL NAME:		TEAM(S):					
STREET ADD	RESS:						
CITY:		COUN	TY:	STATE:		ZIP:	
BIRTH DATE ((MO/DAY/YR):	PHONE:		E-MAIL:			
EMERGENCY CONTACT:		RELATIONSHIP:		IIP:	PHONE:		
GENDER:	MALE		ARE YOU A:	RETURNING ATHLETE	NEW ATHL		
Were you a pr	ofessional or Olym	pic athlete? YES 🗌	NO 🗌 Sport/	Events:			
PARTICIP	ANT DUES				FEES	ITEMS AMT.	

PARTICIPANT DUES		-EES	ITEMS	AMT.
Participation in Team Sport Event (If Team Captain hasn't paid)		\$5		
YOUR TAX-DEDUCTIBLE ADDITIONAL DONATION IS GREATLY APPRECIATED!		-	-	
SEE REFUND POLICY ON PAGE 4 TOTAL	-	-	-	\$

ENCLOSE CHECK/MONEY ORDER TO: Maryland Senior Olympics PO Box 6655 Columbia, MD 20906

CIRCLE YOUR TSHIRT SIZE:

S M L XL 2XL 3XL

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 2023 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: