

SEE MDSENIOROLYMPICS.ORG FOR REGISTRATION DEADLINES.

ALL TEAM MEMBERS FILL OUT A REGISTRATION FORM (REVERSE SIDE).

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**TEAM NAME:** 

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SAND VOLLEYBALL, DOUBLES OR QUADS (circle); DOUBLES \$25 per person, plus \$5 per player; QUADS \$10 per person, \$5 per player	ES \$25 per person, plus \$5 per pla	ayer; QUADS \$10 per person, \$5 per pla	iee 3123 (Tysteach lea lyer	Cipelinger
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, 2023.	EST PLAYER AS OF DEC. 31, 2023.	**80-PLUS FOR BASKETBALL ONLY.		
NAME—LAST, FIRST (PLEASE PRINT)	PHONE	EMAIL	STATE BIRTH DATE	SHIRT SIZE S-3XL
CAPTAIN				
2				
3				
4				
5				
9				
7				
8				
6				
10				
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12				
13				
14				
15				
16				
17				
18				
61				
20				
NP				
NP NP				

FOR OFFICE USE ONLY **NP = NON-PLAYING PERSONNEL** 

Date received:

Check No.

Check Amount: \$



## 2023 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: CC	DUNTY:	STATE:	Z	IP:			
BIRTH DATE (MO/DAY/YR):	PHONE:	E-MAIL:					
EMERGENCY CONTACT:	RELATIONSHIP:		PHONE:				
GENDER: MALE   FEMALE   ARE YOU A: 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				
YOUR TAX-DEDUCTIBLE ADDITIONAL DON	IATION IS GREATLY APP	RECIATED!	-	-			
SEE REFUND POLICY ON PAGE 4		TOTAL	-	-	\$		
ENCLOSE CHECK/MONEY ORDER TO:					•		
Maryland Senior Olympics	CIRCLE YO	UR TSHIRT SIZE	:				
PO Box 6655	S M I	VI 2VI 2VI					

## **LIABILITY WAIVER**

Columbia, MD 21045

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.

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:			