

Team Entry Form
2019 Senior Olympic Festival—January 7 – February 2, 2019

Please type or print legibly (front and back side)

Captain's Name	Middle	Last Name	Birthdate	Age (as of 12/31/19)	Gender
Address	City		State	Zipcode	
Alternate (If Different)					
Phone	Alt. Phone (If Different)		Email		
Emergency Contact	Phone	Relation			

Individual Event Registration Information (Basketball 3-on-3, Bocce, Slowpitch Softball & Volleyball only)

Individual Event Registration Information			
Event Name :	Course Code:	Team Name:	
Team Roster			
Name	Phone Number	Shirt Size	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Cash Payment

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

Payment by credit/debit card

Visa Mastercard Discovery American Express (Check type) Card # _____

Expiration Date _____ Cardholder Name (Please Print) _____

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

**Shirts are no longer included in the registration fee, please indicate the quantity and size you would like to order
 (include team sizes if necessary)**

Extra Fee:	Qty.		
Pins	___ x \$2.00	Total Cost for Activities	\$ _____
Small T-Shirt	___ x \$5.00	Total Cost for Extras	\$ _____
Medium T-Shirt	___ x \$5.00	Donation to S.O.F	\$ _____
Large T-Shirt	___ x \$5.00		
X-Large T-Shirt	___ x \$5.00		
XX-Large T-Shirt	___ x \$5.00	*Total Payment	\$ _____
XXX-Large T-Shirt	___ x \$5.00		

Agreement, Release and Waiver of Liability

This Agreement, Release and Assumption of Risk is hereby, freely, voluntarily and without duress executes this release under the following Release and Waiver:

I, the undersigned, hereby agree to indemnify, save and hold harmless the City of Tucson, 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 related to or arising from any participation in the Senior Olympics Festival.

I understand, with more than 100 events in over 35 sports/activities being conducted in one month, 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/or medical restrictions which would prohibit my participation in the events I have selected.

I understand that the Released Parties do not assume responsibility or obligation to provide financial assistance or any other assistance in the ASSUMPTION OF RISK

The City of Tucson Parks and Recreation Department has my permission to administer first aid and/or CPR if the Parks and Recreation staff on site deem such treatment necessary. I understand that not every event has a City of Tucson Parks and Recreation staff or First Aid/CPR trained event coordinator present. I understand that in any case of emergency 911 will be called to administer professional treatment.

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

Signature: _____ Date: _____

Team Roster Continued			
Name	Phone Number	Shirt Size	Date of Birth
10.			
11.			
12.			
13.			
14.			
15.			