

# Registration Form - Thunder Bay District 1



**PLEASE PRINT INFORMATION**

Name: \_\_\_\_\_ District Participant #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Male \_\_\_ Female \_\_\_ Age: 55-59 \_\_\_ 60-64 \_\_\_ 65-69 \_\_\_ 70-74 \_\_\_ 75-79 \_\_\_  
 80-84 \_\_\_ 85+ \_\_\_

**Check off all the events you wish to enter and complete ALL the needed information on partners/averages/handicaps etc.**

Check	Events	Price	Partner	Average/Handicap Category	Cost
	Euchre – Doubles	\$3.00			
	Darts - Doubles	\$3.00			
	Ten-Pin Bowling	\$8.00	*ask for form to attach team names		
	Walking	\$3.00			
	Snooker	\$3.00			
	Floor Shuffleboard - Dbls	\$3.00			
	Five-Pin Bowling	\$8.00	*ask for form to attach team names		
	Whist	\$3.00			
	Golf	\$25.00	**CART ___ Yes ___ No		
	Carpet Bowling - Doubles	\$3.00			
	Contract Bridge	\$3.00			
	Cribbage - Doubles	\$3.00			
	Swimming	\$3.00			
	Badminton	\$3.00			
	Horseshoes - Doubles	\$3.00			
	Bid Euchre -	\$3.00			
	Opening Ceremonies	\$8.00			
	Closing Ceremonies	\$5.00			

**Make Cheques Payable To: Northwest Senior Games**  
In the event that there is not enough participants to award 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> prizes, that event will be cancelled.

Subtotal	
Affiliation fee (\$7.00)	\$7.00
<b>TOTAL</b>	

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**Liability Waiver**

I, the undersigned, personally and on behalf of my heirs, executors, administrators and assigns, hereby release and forever discharge the following:

- a) The Ontario Senior Games Association
- b) The appropriate Ministry of Ontario and Sport Alliance Ontario
- c) The Ministry of Tourism, Culture and Recreation
- d) The Corporation of the City of Thunder Bay
- e) All sponsors, organizers and volunteers of Thunder Bay (District 1), their respective officers; directors, agents, representatives or successors, from any and all claims or demands that I have or my heirs, executors, administrators, assigns or any third party may have for personal injuries and property damage of any nature whatsoever, arising by reason of my participation at any level of the Ontario Senior Games Association Program.

I authorize the Ontario Senior Games Association and Thunder Bay (District 1) to have such care, as may be required for me by medically qualified personnel during my participation in any event of the Ontario Senior Games Association.

Furthermore, I give the Ontario Senior Games Association and Thunder Bay (District 1) permission to use my likeness in any marketing and promotional photography and imagery without prior notification and waive any compensation.

I have read the above statement; understand it and my signature confirms its acceptance. I attest and verify that I have full knowledge of the risks involved in my participation and that I am physically fit and able to participate in the said games.

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**\*\*No Alcohol allowed at Venues**