DISTRICT/PROVINCIAL 55+ GAMES REGISTRATION FORM

SSFA MEMBERSHIP # _____ YEAR: 2020 - 2021 _____

District Name: _____

PERSONAL INFORMATION: COMPETITOR _____NON-COMPETITOR _____(Please check)

Surname: _____ Given Name: _____ District ID: _____

Birth date: _____ Age: _____ Male: _____ Female: _____

(Competitor only - day, month, year) (Competitor as of December 31, year of games)

Address: _____ City/Town: _____

Postal Code: _____ Phone Number: (_____) _____

E-mail address: (Print clearly/upper/lower case): _____

Non-Competitor: Indicate Guest of: (as applicable) _____

EVENT INFORMATION – COMPETITOR ONLY (More than one district event may be entered)

DISTRICT GAMES EVENT: _____Age Category/skill rating: _____

(based on rulebook)

DISTRICT GAMES EVENT: _____ Age Category/skill rating: _____

(based on rulebook)

Event Partner/Team Captain: (bridge, bowling, curling, hockey)____ _____

PROVINCIAL GAMES EVENT: _____Age Category/skill rating: _____

(based on rulebook)

Event Partner (whist, bridge, etc.) _____ _____

Team Captain (bowling, curling, hockey) _____ _____

Please answer for planning purposes. Please check: Do you plan to attend the Opening Ceremony _____

Banquet _____ Closing Ceremony _____

Will you need transportation at no charge from the hotel to the venue? Yes ____ No _____

SPECIFIC EVENT INFORMATION (Please provide the requested information where applicable)

Golf: Low Net Index _____Low Gross _____ Recreational (Calloway System) _____ Golf Cart Yes ___ No ___

Five Pin Bowling: SINGLE: Scratch ___ POA _____ **TEAM: Coordinator Verified POA as of April 1** _____

T-Shirt Size: S_____M_____L_____XL_____ XXL_____ XXXL_____ **Do you already have one? Yes____ No____**

PLEASE READ THE INFORMATION ON THE REVERSE SIDE AND SIGN THE FORM

HEALTH INFORMATION:

Health information is confidential. You are required to complete the **"SSFA HEALTH FORM"** provided to you and carry it during the district and provincial games in your name tag or pocket.

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COMPULSORY COMPETITOR/NON-COMPETITOR WAIVER AND AUTHORIZATION TO USE WRITTEN MATERIALS, PHOTOGRAPHS AND VIDEOGRAPHY.

The following agreement contains important provisions which limit the liability of the organizers in the event of an injury, property damage or loss and possibly death, and must be signed as a condition of participation in the 2020 - 2021 SSFA 55+ Games.

AUTHORIZATION TO USE WRITTEN MATERIALS/PHOTOGRAPHS/VIDEOGRAPHY

I, hereby authorize the Saskatchewan Senior Fitness Association Inc. (SSFA) and the SSFA District Committees to use, reproduce and/or publish photographs as described below, which may pertain to me. I understand that this material will only be used in a display, website and/or written publication that will be used to promote the SSFA 55+ Games in particular and the Saskatchewan Senior Fitness Association Inc./SSFA District Committees in general. This authorization is continuous and may only be withdrawn by my specific rescinding of this authorization.

Description of Material:

Photograph(s) and/or printed material to be used to produce a display for exhibits, websites, trade shows and publicity for the 55+ Games in general, both at the provincial/district level.

RELEASE, WAIVER AND ASSUMPTION OF RISK:

I, the undersigned, hereby acknowledge that participation in the 2020 - 2021 SSFA District/2020 – 2021 Provincial 55+ Games and/or playoffs might result in personal injury, property damage or loss, and possibly death. I fully understand these risks and hereby agree to participate in the above-mentioned Games at my own risk.

In consideration of the 2020 - 2021 SSFA District Committees and the 2020 - 2021 SSFA Provincial 55+ Games Host Committee hosting the 55+ Games, I and my heirs, executors, administrators and assigns agree not to hold the various sites where the Games are being played, SSFA District Committees, the SSFA Provincial 55+ Games Host Committee or the Saskatchewan Senior Fitness Association Inc. or any of their servants, agents, sponsors, volunteers or employees responsible for any personal injury, property damage or loss, death resulting from or in connection with affiliated programs initiated, conducted or organized by the 2020 - 2021 SSFA District Committees or the 2020 - 2021 SSFA Provincial 55+ Games Host Committee.

I have carefully read this Release, Waiver, Assumption of Risk Agreement and authorization. I fully understand said agreement and I am freely and voluntarily executing the same.

_____	_____	_____
SIGNATURE OF COMPETITOR/NON-COMPETITOR	**NAME - PRINT**	**DATE**