

2010 WISCONSIN SENIOR OLYMPICS SOFTBALL INDIVIDUAL REGISTRATION FORM

PERSONAL INFORMATION (Print carefully or paste name and address label). For athletes that compete in more than one state games, please register using the same first name to help us serve you better.

First Name _____ M.I. _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Primary Phone (____) _____ Secondary Phone (____) _____

E-Mail _____

Birth date _____ Age as of Dec. 31, 2010: _____

Sex: M F	Shirt Size: M L XL XXL (circle your choice)
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Person to notify in case of emergency _____ Phone (____) _____

Extra T -shirts__@ \$7.00 plus \$6.00 shipping & handling cost per shirt	\$ _____
DONATION TO SENIOR OLYMPICS	\$ _____
I will attend Celebration of Athletes Dinner at cost of \$15.00 <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Number of guest dinners _____ at \$15.00	\$ _____
Check payable to "Wisconsin Senior Olympics" TOTAL ENCLOSED:	\$ _____

Submit this form and fees if any to your Team Captain before the deadline. If you will be competing in additional sports other than softball you must also complete the registration form on page 14.

Office Use:

Liability Waiver: (Must be signed by all participants) In consideration of the acceptance of my application for registration in the WISCONSIN SENIOR OLYMPICS, I hereby waive and release for myself, my heirs, executors, and administrators any and all rights and claims for injuries, damages and/or losses, to include loss of life, which I may have against the sponsors/ co-sponsors and their agents, employees or representatives for any and all activities connected with the WISCONSIN SENIOR OLYMPICS and Waukesha County Parks and Land Use. I warrant and represent that I am in good physical health and condition, and I am physically able to compete in the events I have selected. I know of no physical restrictions whatsoever which would prevent my participation in these events. Please Note: For promotional purposes photographs may be taken of participants. By signing you give permission for the use of your likeness or image to be used for promotional purposes associated with the Wisconsin Senior Olympics.

SIGNED _____ **DATE** _____