

Portneuf Medical Center Southeast Idaho Senior Games

2014 Athlete Registration Form 2014

Registration Closes July 3, 2014

Please Print Clearly; (Use Only One Form per Person)

First Name _____ Last Name _____ e-mail address _____

Mailing Address _____

City _____ State/Prov _____ Postal Zip Code _____ Phone Number _____

Emergency Contact _____ Emergency Contact Phone Number _____

Gender: ☐ Male ☐ Female Age as of Dec. 31, 2014 _____ Date of Birth _____

Age Division: ☐ 50 – 54 ☐ 55-59 ☐ 60-64 ☐ 65-69 ☐ 70-74 ☐ 75-79 ☐ 80-84 ☐ 85-89 ☐ 90-95

Shirt Size: Circle One S M L XL 2XL 3XL

**T-shirts sizes are unisex.

Fee Calculations

✓ Additional Meal Tickets can be purchased at the Registration Table Early Bird: By June 15 \$20.00 \$ _____

June 16 – July 3 \$25.00 \$ _____

✓ Don't forget to sign the Participant Agreement Event Fees: (From backside of this form.) \$ _____

✓ Check our website for more information.
www.seidahoseniorgames.org

Extra T-Shirt \$ 8.00ea Sizes _____ x # _____ \$ _____

Sweatshirt \$12.00ea Sizes _____ x # _____ \$ _____

Make check payable and mail form to:

Southeast Idaho Senior Games

427 N. 6th Ave. Pocatello, ID. 83201

TOTAL DUE: \$ _____

Portneuf Medical Center Southeast Idaho Senior Games Participant Agreement
Acknowledgement and Assumption of Risk and Release of Liability
(Please read before signing)

In consideration of my participation in the 2014 Portneuf Medical Center Southeast Idaho Senior Games (SISG) , I the undersigned acknowledge and fully understand that by participating in the SISG, I will be engaging in activities or competitions that may involve serious risks including bodily injury, permanent disability and death and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used; and that there may be other risks know or unknown. I understand that while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist.

I

I further acknowledge and fully understand that all the sponsors and volunteers of the Portneuf Medical CenterSoutheast Idaho Senior Games have contributed to make this event possible for the enjoyment and satisfaction of the participants and spectators, and not for their own personal gain and/or economic benefit, and that such sponsors do not accept any responsibility or liability for any of said risks.

I declare that I am physically fit and have the skill level required to participate in this particular event. I further authorize medical treatment for myself at my cost if the need arises.

I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest SISG official immediately.

I knowingly and freely agree to assume such risks associated with my participation in the SISG , both known and unknown, even if arising from the negligence of the releases or others , and I assume full responsibility for any and all damages of any kind resulting from any injury, permanent disability and/or death.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby waive all claims of liability against and hold harmless SISG, its affiliated organizations, its sponsors including, but not limited to their respective affiliates, subsidiaries, administrators, officers, directors, owners, principals, agents, employees, coaches, volunteers, advertisers and if applicable owners or lessors of premises at which events are conducted (Released Parties) from any and all liability for any claims, demands, causes of action, losses or damages on account of bodily injury, death or damage to property, caused or alleged to be cause in whole or in part by the negligence of the persons or entities hereby released or otherwise. I further agree to on behalf of my heirs, assigns, personal representative and next of kin to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses including, but not limited to, all attorney's fees and disbursements.

I further grant SISG, their sponsors and marketing partners as well as the media the right to photograph, videotape and/or otherwise record me and further to use my name, face, likeness, voice, appearance, and personal data for any purpose including, but not limited to, exhibitions, publicity, advertising and promotional materials without reservation or limitation. Said parties are, however, under no obligation to exercise the rights set forth in this paragraph.

This agreement shall be governed by the laws of the State of Idaho and any legal action relating to or arising out of this Agreement shall be commenced and maintained in the Sixth Judicial District, County of Bannock, State of Idaho. The parties hereto consent to the jurisdiction of such court and to service of process outside of the State of Idaho.

I have read this acknowledgement and assumption of risk and release of liability waiver in its entirety. I understand that I am giving up substantial rights by signing this document and hereby acknowledge that I am signing voluntarily without any inducement.

Print Legal Name

Signature

Date

SPORT INFORMATION

Registration Closes July 3rd 2014.

Fill in the spaces below that correspond to the events in which you wish to participate

Archery Target	<input type="checkbox"/> Compound	<input type="checkbox"/> Traditional	\$4.00 Event	Total Event Fee: _____
Archery 3 D	<input type="checkbox"/> Compound	<input type="checkbox"/> Traditional	\$4.00 Event	Total Event Fee: _____
Basketball	<input type="checkbox"/> 3 on 3	<input type="checkbox"/> Men <input type="checkbox"/> Women	Team Name: _____	\$5.00 Event/Person
	Age of youngest team member		<input type="checkbox"/> 50+ <input type="checkbox"/> 55+ <input type="checkbox"/> 60+ <input type="checkbox"/> 65 + <input type="checkbox"/> 70+ <input type="checkbox"/> 75+ <input type="checkbox"/> 80+	Total Event Fee: _____
Basketball Shoot	<input type="checkbox"/> Hot Shot	<input type="checkbox"/> Free Throw /3 Point	\$4.00 Event	Total Event Fee: _____
Billiards	<input type="checkbox"/> 8 Ball Pool		\$4.00 Event	Total Event Fee: _____
Bocce Ball	<input type="checkbox"/> Singles		\$4.00 Event	Total Event Fee: _____
Bowling	<input type="checkbox"/> Singles	<input type="checkbox"/> Doubles <input type="checkbox"/> Mixed Doubles		
	Doubles Partner's Name: _____		Age: _____	
	Mixed Doubles Partner's Name: _____		Age: _____	\$6.00 Event/Person
Bowling Wii	<input type="checkbox"/> Singles		\$4.00 Event	Total Event Fee: _____
Bridge Duplicate	Register onsite; Pay \$4.00 at Venue			
Bridge Pairs	<input type="checkbox"/> Pairs	Partner's Name _____	Age: _____	\$4.00 Event/Person
Chess	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	(choose only one)	\$4.00 Event
Croquet	<input type="checkbox"/> Singles	<input type="checkbox"/> Doubles <input type="checkbox"/> Mixed Doubles		
	Doubles Partner's Name: _____		Age: _____	
	Mixed Doubles Partner's Name: _____		Age: _____	\$4.00 Event/Person
Cycling	<input type="checkbox"/> Hill Climb	<input type="checkbox"/> 5K Time Trial <input type="checkbox"/> 10K Time Trial	\$4.00 Event	
	<input type="checkbox"/> 20K Road Race	<input type="checkbox"/> 40K Road Race	\$4.00 Event	
	<input type="checkbox"/> Criterium		\$5.00 Event	Total Event Fee: _____
Cycling Tandem	<input type="checkbox"/> Hill Climb	<input type="checkbox"/> 5K Time Trial <input type="checkbox"/> 10K Time Trial		
	<input type="checkbox"/> 20K Road Race	<input type="checkbox"/> 40K Road Race		
	Partner's Name _____		\$4.00 Event/Person	Total Event Fee: _____
Dance	<input type="checkbox"/> West Coast Swing	Partner's Name _____	<input type="checkbox"/> Free Style Swing	Partner's Name _____
	<input type="checkbox"/> Waltz	Partner's Name _____	<input type="checkbox"/> Texas Waltz	Partner's Name _____
	<input type="checkbox"/> Rumba	Partner's Name _____	<input type="checkbox"/> Tango	Partner's Name _____
	<input type="checkbox"/> Cha Cha	Partner's Name _____	<input type="checkbox"/> Country Western Cha-Cha	Partner's Name _____
			\$4.00 Event/Person	Total Event Fee: _____
Dance-Line:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		
choose only one	<input type="checkbox"/> Round	<input type="checkbox"/> Latin	Team Name: _____	\$4.00 Event/Person
Disc Golf	<input type="checkbox"/> Singles		\$4.00 Event	Total Event Fee: _____
Fun Run/Walk	<input type="checkbox"/> 2.5K Walk/Run	<input type="checkbox"/> 5K Race Walk <input type="checkbox"/> 10K Race Walk		
(choose only one)	<input type="checkbox"/> 5K Road Race	<input type="checkbox"/> 10K Road Race	\$4.00 Event	Total Event Fee: _____
Golf	<input type="checkbox"/> Singles	Pay at Venue: Greens Fee and Cart Fees		\$4.00 Event
Hand & Foot	<input type="checkbox"/> Pairs	Partner's Name _____	Age: _____	\$4.00 Event
Horseshoes	<input type="checkbox"/> Singles	<input type="checkbox"/> Doubles <input type="checkbox"/> Mixed Doubles		
	Doubles Partner's Name: _____		Age: _____	
	Mixed Doubles Partner's Name: _____		Age: _____	\$4.00 Event/Person
Mahjong	<input type="checkbox"/> Singles		\$4.00 Event	Total Event Fee: _____
Miniature Golf	<input type="checkbox"/> Singles		\$8.00 Event	Total Event Fee: _____
Mountain Bike Cross Country	<input type="checkbox"/> Beginners	<input type="checkbox"/> Intermediate	\$4.00 Event	Total Event Fee: _____
Pickleball	<input type="checkbox"/> Singles	<input type="checkbox"/> Doubles <input type="checkbox"/> Mixed Doubles		
	Doubles Partner's Name: _____		Age: _____	
	Mixed Doubles Partner's Name: _____		Age: _____	\$4.00 Event/Person
Pinochle	<input type="checkbox"/> Pairs	Partner's Name _____	Age _____	\$4.00 Event/Person
				Total Event Fee: _____

Racquetball: Check with Bill Davis/Fitness, Inc. Last week-end of Jan, 2014 Pay at Venue							
Shuffleboard							
<input type="checkbox"/> Singles		<input type="checkbox"/> Doubles		<input type="checkbox"/> Mixed Doubles			
Doubles Partner's Name: _____				Age: _____			
Mixed Doubles Partner's Name: _____				Age: _____		\$4.00 Event/Person	
						Total Event Fee: _____	
Softball							
Age of youngest player:		<input type="checkbox"/> 50+	<input type="checkbox"/> 55+	<input type="checkbox"/> 60+	<input type="checkbox"/> 65+	<input type="checkbox"/> 70+	<input type="checkbox"/> 75+ <input type="checkbox"/> 80+
Team Name _____		Team Manager _____		Manager Phone Number _____		\$275.00 Team: _____	
** A team roster and registration for each team member must be turned in with registration fee by the team manager.							
Swimming							
<input type="checkbox"/> 25yd Back	<input type="checkbox"/> 25yd Breast	<input type="checkbox"/> 25yd Butterfly	<input type="checkbox"/> 25yd Free	<input type="checkbox"/> 25yd Elem Back	<input type="checkbox"/> 25yd Side		
<input type="checkbox"/> 50yd Back	<input type="checkbox"/> 50yd Breast	<input type="checkbox"/> 50yd Butterfly	<input type="checkbox"/> 50yd Free	<input type="checkbox"/> 50yd Elem Back	<input type="checkbox"/> 50yd Side		
<input type="checkbox"/> 100yd Back	<input type="checkbox"/> 100yd Breast	<input type="checkbox"/> 100yd Butterfly	<input type="checkbox"/> 100yd Free				
<input type="checkbox"/> 200yd Back	<input type="checkbox"/> 200yd Breast	<input type="checkbox"/> 200yd Free					
<input type="checkbox"/> 500yd Free	<input type="checkbox"/> 800yd Freestyle	<input type="checkbox"/> 1650yd Freestyle	<input type="checkbox"/> 100yd Ind. Med.	<input type="checkbox"/> 200yd Ind Med	\$4.00 Event	Total Event Fee: _____	
Table Tennis							
<input type="checkbox"/> Single		<input type="checkbox"/> Doubles					
Doubles Partner's Name: _____				Age: _____		\$4.00 Event/Person	
						Total Event Fee: _____	
Tennis							
<input type="checkbox"/> Single		<input type="checkbox"/> Doubles		<input type="checkbox"/> Mixed Doubles			
Doubles Partner's Name: _____				Age: _____			
Mixed Doubles Partner's Name: _____				Age: _____		\$4.00 Event/Person	
						Total Event Fee: _____	
Track & Field							
<i>Track</i>							
<input type="checkbox"/> 400m Race Walk	<input type="checkbox"/> 50m Dash	<input type="checkbox"/> 400m Run					
<input type="checkbox"/> 1500m Race Walk	<input type="checkbox"/> 100m Dash	<input type="checkbox"/> 800m Run					
<input type="checkbox"/> 800 Estimated Time	<input type="checkbox"/> 200m Dash	<input type="checkbox"/> 1500m Run					
<i>Pentathlon</i>							
<input type="checkbox"/> Women: 100M Dash, High Jump, Shot Put, Long Jump, 800M Run							
<input type="checkbox"/> Men: Long Jump, Javelin, 200M Dash, Discus, 1500M Run							
**Athletes need to enter all events under the track and field section plus entering the Pentathlon.							
<i>Field</i>							
<input type="checkbox"/> Discus	<input type="checkbox"/> High Jump	<input type="checkbox"/> Football Throw					
<input type="checkbox"/> Shot Put	<input type="checkbox"/> Long Jump	<input type="checkbox"/> Softball Throw					
<input type="checkbox"/> Javelin	<input type="checkbox"/> Standing Long Jump	<input type="checkbox"/> Pole Vault					
<input type="checkbox"/> Hammer Throw	<input type="checkbox"/> Triple Jump	<input type="checkbox"/> 4X100m Relay	\$4.00/Event	Total Event Fee: _____			
Triathlon							
5k Run, 20k Bike, 500yd Swim This event is on Sept 6, 2014.							
<input type="checkbox"/> Individual <input type="checkbox"/> Male <input type="checkbox"/> Female							
<input type="checkbox"/> Triathlon Relay Please insert team members names							
<input type="checkbox"/> Men's Relay	Run _____	Bike _____	Swim _____				
<input type="checkbox"/> Woman's Relay	Run _____	Bike _____	Swim _____				
<input type="checkbox"/> Mixed Relay	Run _____	Bike _____	Swim _____				
Age Division: combined ages of team members							
<input type="checkbox"/> 150-169		<input type="checkbox"/> 170-189		<input type="checkbox"/> 190-209		<input type="checkbox"/> 210-219	
						<input type="checkbox"/> 220+	
						Per Person \$10.00	
						Total Event Fee: _____	

Registration reminders:

Eligibility: To register one must be 50 years or better by Dec 31, 2014.

Early –Bird Registration Deadline June 15; \$20.00

Teams: Teams will be entered in the youngest team members age division.

June 16 – July 3 \$25.00

Registration Closes July 3, 2014.