

**2011 DAYTON/MIAMI VALLEY SENIOR OLYMPICS
OFFICIAL ENTRY FORM**

Please print clearly and be sure to sign the liability waiver on the back of this form

Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Phone _____ County _____

Age (as of Dec. 31, 2011) _____ Birthdate _____ Male _____ Female _____

Teeshirt size Small _____ Medium _____ Large _____ X Large _____ XX Large _____

Place an X before the events you wish to enter Deadline is 10 days prior to 1st event

Table Tennis ___ Singles ___ Doubles

Badminton

___ Singles
___ Doubles _____
___ Mixed doubles _____

Bowling

___ Singles
___ Doubles _____
___ Mixed doubles _____

Horseshoes

___ Singles

Shuffleboard

___ Singles
___ Doubles _____

Golf

___ 18 Holes Play with _____

Place an X before the events you wish to enter

Basketball

___ Men's 3 on 3
___ Women's 3 on 3
Team Name _____
Captain _____
___ Free Throw
___ Spot Shot

Volleyball

___ Men's Volleyball
___ Women's Volleyball
Team Name _____
Captain _____

Cycling

Swimming

You may choose up to 8 events

___ 200 yd freestyle	___ 50 yd Freestyle	___ 100 yd Freestyle
___ 50 yd Butterfly	___ 100 yd IM	___ 50 yd Breaststroke
___ 200 yd Backstroke	___ 50 yd Backstroke	___ 100 yd Backstroke
___ 100 yd Breaststroke	___ 100 yd Butterfly	___ 500 yd Freestyle

REGISTRATION FEE IS NON-REFUNDABLE & INCLUDES UNLIMITED EVENTS

REGISTRATION FEE DUE 10 days prior to 1 st event		\$15.00	_____
CELEBRATION OF ATHLETES DINNER \$10.00/person	# _____	Guest _____	\$ _____
See enclosed flyer			
TOTAL ENCLOSED		TOTAL	\$ _____
(Make checks payable to Dayton/Miami Valley Senior Olympics)			

Sign the liability waiver below and return this form with payment to:

David Pence
Sinclair Community College
444 W. Third St. Room 8023
Dayton, Ohio 45402-1460

LIABILITY WAIVER

IT IS STRONGLY URGED THAT INDIVIDUALS ONLY PARTICIPATE IN THOSE EVENTS FOR WHICH THEY ARE IN GOOD PHYSICAL CONDITION TO TAKE PART. IT IS STRONGLY RECOMMENDED THAT PARTICIPANTS CONSULT THEIR PHYSICIAN REGARDING PRACTICE, PREPARATION AND COMPETITION IN THE SENIOR OLYMPICS PROGRAM.

I, the undersigned participant, hereby release, acquire, discharge, indemnify and hold harmless Dayton/Miami Valley Senior Olympics, Sinclair Community College, City of Dayton Recreation and Youth Services, Altrusa Club of Dayton, St. Leonard Senior Living Community, Premier Health Partners, Mercy Siena Retirement Community, Wright-Patterson AFB, and any other organization to be added as a sponsor and hereinafter referred to as sponsors, their agents, employees, representatives, volunteers, officers, directors and assigns from any and all actions or claims, of whatsoever kind of nature which I or my representatives or assigns may have, or at any time in the future have, as a result of any injury, physical or mental, arising out of my participation in the Dayton Area Senior Olympics.

I warrant and represent to the sponsors that I have prepared myself for the events which I have entered by practicing the same prior to my participation in the Dayton Area Senior Olympics. 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 prohibit my participation in the events that I have selected. I have been advised by the sponsors that it would be in my best interest to consult a physician prior to my preparation for the Dayton Area Senior Olympics. I recognize and understand that the preparation and competition may necessitate strenuous physical activity, and could possibly activate an unrecognized preexisting disorder which I may have, thereby resulting in serious or life threatening harm to me.

Dayton/ Miami Valley Senior Olympics has my permission to have a physician treat me during my participation in the Dayton Area Senior Olympics. I grant the Dayton/Miami Valley Senior Olympics and sponsors of the Dayton Area Senior Olympics the right to use my name and any pictures taken of me during the 2011 Dayton Area Senior Olympics without any remuneration.

Signature _____ Date _____

EMERGENCY CONTACT _____ Phone _____
(please print)