## **LEXINGTON COUNTY SENIOR SPORTS GAMES 2015 REGISTRATION**

## REGISTRATIONS MUST BE TURNED IN OR POSTMARKED BY FRIDAY, March 27, 2015 !

	_ Full Specta	ntor (\$20: T-shirt, all r tator Pass (\$5/day: n	neals	, ban	quet)		rade of	Athletes)	
NAME:				AGF	=	DC	)B /	/	
Last	First	MI		_ / (0.				<b>'</b>	
ADDRESS:									
Street		City	City Zip Code						
CONTACT INFO		·				•			
CONTACT INFO: Home Phone		Work/Cell Phone			E-Mail Address				
			9	NA				2VI	
GENDER: (Male/Female)	1-3HK	i Size. (dide one).	3	IVI	L	ΛL	ZAL	3XL	
SSN:	MEDICAL IN	SURER:							
PHYSICIAN'S NAME:		PHONE:							
List medical conditions/health cond	erns:								
List prescription medications you a  List any allergies:									
Emergency Contact: Name		Relationship				Dho	ne #		
Name		Relationship				FIIC	л I <del>С</del> #		
Emergency Contact:									
Name		Relationship			Phone #				
Check all dates you're attending	: (Everyone ma	king a meal reservatio	n mus	t incl	ude hi	is/her S	SS#)		
Lunch (Monday, April 27 <sup>th</sup> )									
Lunch (Tuesday, April 28 <sup>th</sup> )	Do you attend a Lexington County Senior Center?YesNo If yes, which Senior Center								
Lunch (Wednesday, April 29 <sup>th</sup> ) Lunch (Thursday, April 30 <sup>th</sup> )	ii yes, wi	ilch Senior Center							
Banquet (Friday, May 1 <sup>st</sup> ) - <b>Se</b>	ating is limited	priority will be give	n to A	thlete	es and	d Full S	Spectato	ors	
	J	, ,					•		
Check all events you're competing	•	ites an additional Fee)							
1 Mile Walk	Bowling*		Discus		Shuffleboard				
Badminton	Corn Hole		Horseshoes			Spin Casting			
Basketball Free Throw	Darts		Putt Putt Golf*			Softball Throw			
Billiards	Disc Golf		Shot Put 400M Dash			Table Tennis			
Bocce Ball 1500 M Race Walk	200 M Dash	1400lV	ı Dasi	1			Long J	ump	
I JUU IVI I \AUG VVAIR									

\*Putt Putt Golf \$5.00 \*Bowling \$6.00

## SSG LIABILITY WAIVER

I, the undersigned participant, hereby agree to indemnify, save and hold harmless the Lexington County Recreation & Aging Commission (LCRAC), Irmo Chapin Recreation Commission (ICRC) or any of their agents, representatives or sponsors for my health, safety, or injury resulting from my participation in the Senior Sports Games and practice sessions.

I have prepared myself for the events that I have entered by practicing prior to the games. To the best of my knowledge and belief, I have no physical restrictions that would prohibit my participation in the events I have selected. I have been advised by the LCRAC/ICRC Senior Sports Games sponsors that it would be in my best interest to consult my physician prior to my participation in the games. I am covered by hospitalization or other medical insurance which provides for the payment of health care benefits for illness or injury from my participation in the games.

I, the undersigned participant, grant to the sponsors of the Lexington County Senior Sports Games the right to use, without charge, any pictures taken of me during the games to be held April 27-May 1, 2015.

I acknowledge that I am of legal age and have fully informed myself of the contents and meaning of this Waiver and have so signed this with the full knowledge thereof and that the terms here are contractual and not a mere recital.

Signature	Date	

Please make checks out to Lexington County Recreation & Aging Commission or LCRAC for registration fees.

Incomplete forms will be returned to you and charged an extra \$5.00 administrative processing fee.

Registration forms and fees must be turned in or postmarked *no later than Friday, March 27<sup>th</sup>!* 

TOTAL ENCLOSED: \$\_\_\_\_\_

Return to:

LCRAC
Senior Sports Games
125 Parker Street
Lexington, SC 29072

For additional information concerning the Senior Sports Games contact Patrick Sippel at 803-356-5111 or Dena Long at 803-772-3336