

Participant & Non-Participant Registration Form

COMPLETE & RETURN FORM AND PAYMENT TO DISTRICT COORDINATOR

SECTION ONE: Personal Information (please print clearly)	
District Number:	
First Name:	Last Name:
Mailing Address:	
Home Phone: (____) ____ - ____	Alternate/Cell Phone: (____) ____ - ____
Email:	
*email is used to communicate to all participants about 2019 Southwest Regional Games information	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Year & Month of Birth:
<input type="checkbox"/> Participant \$50 fee includes event, snack, lunch & dinner	<input type="checkbox"/> Spouse/Non-Participant \$30 fee includes lunch & dinner

SECTION TWO: Events		**REGISTRANTS MAY ONLY PARTICIPATE IN <u>ONE EVENT</u>**		
<input type="checkbox"/>	Billiards 8 Ball		Men's	
			Women's	
<input type="checkbox"/>	Bocce	Partner:		
<input type="checkbox"/>	Bridge Contract	Partner:		
<input type="checkbox"/>	Bridge Duplicate	Partner		
<input type="checkbox"/>	Carpet Bowling	Partner:		
<input type="checkbox"/>	Cribbage	Partner:		
<input type="checkbox"/>	Crokinole	Partner:		
<input type="checkbox"/>	Cycling Prediction		5 Kilometre	
			10 Kilometre	
<input type="checkbox"/>	Darts		Men's	Partner:
			Women's	
			Mixed	
<input type="checkbox"/>	Euchre Bid, 4 Hand	Partner:		
<input type="checkbox"/>	Euchre Bid, 6 Hand	Partner:	Partner:	
<input type="checkbox"/>	Euchre Progressive	Partner:		

SECTION TWO cont'd: Events

<input type="checkbox"/>	Golf Callaway <i>(additional \$65 for green fee and cart)</i>		55+		Men's
			65+		Women's
			75+	Handicap Factor:	
<input type="checkbox"/>	Horseshoes		Men's	Partner:	
			Women's		
			Mixed		
<input type="checkbox"/>	Ladder Golf	Partner:			
<input type="checkbox"/>	Lawn Bowling		Doubles	Partner(s):	
			Trebles		
<input type="checkbox"/>	Pickle Ball		55+		Men's
			65+		Women's
			75+		Mixed
		Partner:			
<input type="checkbox"/>	Running Prediction 1km		55+		Men's
			65+		Women's
			75+		
<input type="checkbox"/>	Running Prediction 5km		55+		Men's
			65+		Women's
			75+		
<input type="checkbox"/>	Scrabble	Partner:			
<input type="checkbox"/>	Shuffleboard Floor	Partner:			
<input type="checkbox"/>	Slo-Pitch Co-Ed Recreational		Team Captain:		
<input type="checkbox"/>	Solo				
<input type="checkbox"/>	Swimming Prediction		55+		Men's
			65+		Women's
			75+		
<input type="checkbox"/>	Tennis Doubles Only		55+		Men's
			65+		Women's
			75+		Mixed
		Partner:			

SECTION TWO cont'd: Events					
<input type="checkbox"/>	Walking Nordic		1km		Men's
			3km		Women's
<input type="checkbox"/>	Walking Prediction		1km		Men's
			3km		Women's
<input type="checkbox"/>	Walking Prediction 75+		1.6k		Men's
					Women's
<input type="checkbox"/>	Washer Toss	Partner:			

SECTION THREE: Meals

- Yes No I prefer vegetarian meals
 Yes No Do you have any dietary restrictions or allergies?

PLEASE PROVIDE SPECIFICS ON ANY AND ALL OF YOUR DIETARY RESTRICTIONS BELOW :

SECTION FOUR: Emergency Contact Information

First Name:	Last Name:
Primary Phone Number: (_ _) _ _ _ - _ _ _ _	

SECTION FIVE: Terms and Conditions

⇒ I authorize the District 27 and the Ontario Senior Games Association to use of any photographs or written reports of me relating to my involvement or participation in this year's games and events.

⇒ All events are subject to change or cancellation

⇒ Personal information contained on this form is collected for the exclusive use of the District 27 Grey Bruce 55+ Planning Committee of the 2019 Southwest Regional Summer Games. Information will be used for the purpose of administering the games. Questions about this collection of personal information can be directed to:

District 27 Grey Bruce 55+ Planning Committee
 1925 Bruce Road 10
 Chesley, ON N0G 1L0
 519.363.3039 x 123 | recreation@arran-elderslie.ca

I agree and consent to the above terms and conditions

NOTE: All participants will need to present their medical form at registration in order to participate

DISTRICT COORDINATOR USE ONLY

<input type="checkbox"/> Waiver Form Completed	<input type="checkbox"/> Online Registration Entered on:
<input type="checkbox"/> Fees Paid:	<input type="checkbox"/> Golf Fees Paid:

Participant & Non-Participant Information

REGISTERING FOR YOUR EVENT

- Complete Registration Form in full and submit form and payment to your District Coordinator by July 5, 2019
- Complete Waiver Form and submit form to your District Coordinator by July 5, 2019
- Complete Medical Form in full and bring it with you on August 14, 2019.

BEFORE YOUR EVENT

- Information about your event will be sent in June via email
- All events are subject to change or cancellation. Should your event be moved or cancelled, you will be contacted and alternate arrangements will be made prior to event.
- If you have any questions, call or email Carly Steinhoff
519.363.3039 | recreation@arran-elderslie.ca

DAY OF EVENT

- Ensure that you have your Medical Form completed and present at event
- Bring a water bottle
- Your fees for the Regional Games will go towards a snack, lunch, hot roast beef dinner with dessert, awards

FOR MORE INFORMATION

- Contact your District Coordinator
- Contact 2019 Regional Games Committee Members:

Dale Steinhoff | Chairperson
519-353-7202
thesteinhoffs@hotmail.com

Ellen Paterson | Co-Chairperson
519.396.3885
epaterson@bmts.com

Carly Steinhoff | Secretary
519.363.3039 x 123
recreation@arran-elderslie.ca