

**Mineral County Aging & Family Services
2025 Senior Olympics Registration**

JUNE 10th – 13th

WVU Potomac State College, Keyser, WV

INSTRUCTIONS: Each registrant (i.e. competitor, husband, or wife) must complete separate registration forms. Registrants must be 55 years of age or older. **Please list your age as of June 10th, 2025.** More forms are available at the office or various senior nutrition sites. For more information call 304-788-5467.

REGISTRATION DEADLINE: June 3, 2025

Please be sure to complete all information on the registration form. Please print CLEARLY.

Name _____ Home Phone _____
Address _____ AGE _____ Sex: Male _____ Female _____
City _____ County _____ State _____ Zip _____
E-Mail _____
Please indicate T-Shirt size Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____

LIABILITY WAIVER FORM (All registrants must sign this waiver form)

I, the undersigned participant, hereby agree to indemnify and hold harmless Aging & Family Services of Mineral County, Potomac State College, and the sponsors, their agents, employees, representatives, volunteers, and assigns from any actions, or claims of whatsoever kind or nature which I or my representatives or assigns may have or at any time in the future have as a result of any injury arising out of my participation in the Senior Olympics. I warrant and represent to the sponsors that I have prepared myself for the events that I have entered by practicing the same before I participated in the 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 I have selected. I have been advised by the sponsors that it would be in my best interest to consult my physician before my preparation regarding my participation in the Senior Olympics. I recognize and understand that the preparation and the competition in some events may necessitate strenuous physical activity and could activate any unrecognized pre-existing conditions that I may have, thereby resulting in serious or life-threatening physical harm to me. The Senior Olympics has my permission to have a physician/EMT/Paramedic treat me if needed during my participation in the Senior Olympics.

Signed _____ Date _____

PLEASE COMPLETE BOTH SIDES

REGISTRATION FEE: \$40 due when this form is turned in.

NAME _____

Olympic officials reserve the right to postpone, cancel or resolve disputes in any events. Please check the events you wish to enter – you may enter as many events as you would like. Age categories will be determined by the number of participants in each event. A minimum of five (5) participants will be needed or an individual event may be canceled.

Field Events _____ Disc Golf Putting _____ Football Throw _____ Soccer Kicking _____ Bocce Roll _____ Lawn Darts _____ 20-Yard Dash _____ Softball Throw _____ Lacrosse Shooting _____ Baseball Pitching	In-Door Events _____ Washer Toss _____ Wiffle Ball Toss _____ Bean Bag Toss _____ Corn Hole Toss _____ Shuffleboard	Talent Show _____ Individual _____ Group
	Other _____ Bowling	Wednesday AM _____ Bocce (partners) or (choose 1) _____ Phase Ten _____ Poker

Gymnasium _____ Free Throws _____ Hot Shot _____ Golf Putting _____ Ladder Ball
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Please drop the completed registration form and payment at your nearest nutrition site or mail to:

Aging & Family Services Olympics
 875 South Mineral Street
 Keyser, WV 26726

Registration

\$40 (required)

Additional T-Shirts _____ \$ 10 each - optional
 Guest Picnic (6/12) _____ \$ 20 each - optional
 Guest Banquet (6/13) _____ \$ 25 each - optional

TOTAL ENCLOSED _____

Please indicate the name of any guest you will have to attend the picnic or banquet
