

**Mineral County Aging & Family Services
2023 Mountain State Senior Olympics Registration**

JUNE 7th – 9th 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 7th, 2023.** More forms are available at the office or various senior nutrition sites. For more information call 304-788-5467.

REGISTRATION DEADLINE: June 5, 2023

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 which 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 which 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 will be canceled.

Field Events

- _____ Disc Golf Putting
- _____ Football Throw
- _____ Soccer Kicking
- _____ Bocce Roll
- _____ Horse Shoes
- _____ 20-Yard Dash
- _____ Softball Throw
- _____ Lacrosse Shooting
- _____ Baseball Pitching

Other

- _____ Bowling

In-Door Events

- _____ Washer Toss
- _____ Wiffle Ball Toss
- _____ Bean Bag Toss
- _____ Corn Hole Toss
- _____ Shuffleboard

Gymnasium Events

- _____ Ladder Ball
- _____ Golf Putting
- _____ Basketball Free Throws
- _____ Basketball Hot Shot

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 (6/8)	\$ 15 each - optional
Guest Banquet (6/9)	\$ 25 each - optional

TOTAL ENCLOSED _____

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