**2013 WISCONSIN SENIOR OLYMPICS INDIVIDUAL REGISTRATION FORM**

**Please complete both sides of this form, sign the liability waiver, and return it with fees by the deadline dates**

PERSONAL INFORMATION (Print carefully or paste name and address label). For athletes that compete

in more than one state games, please register using the same first name to help us serve you better.

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

Primary Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: oWhite oAfrican American oAsian oNative American oHispanic oOther

Birth date\_\_\_\_\_\_\_\_\_\_\_\_ Age as of Dec. 31, 2013:\_\_\_\_\_

Person to notify in case of emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size: SM M L XL XXL

(circle your choice)

Office Use:

\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_

**Liability Waiver:** (Must be signed by all participants) In consideration of the acceptance of my application for registration

in the WISCONSIN SENIOR OLYMPICS, I hereby waive and release for myself, my heirs, executors, and administrators any

and all rights and claims for injuries, damages and/or losses, to include loss of life, which I may have against the sponsors/ cosponsors

and their agents, employees or representatives for any and all activities connected with the WISCONSIN SENIOR

OLYMPICS and Waukesha County Parks and Land Use. 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 prevent my participation in these events. Please Note: For promotional purposes photographs may be taken of participants.

By signing you give permission for the use of your likeness or image to be used for promotional purposes associated

with the Wisconsin Senior Olympics.

**SIGNED**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please mail to : WISCONSIN SENIOR OLYMPICS HEADQUARTERS**

**125 NORTH EXECUTIVE DRIVE, SUITE 207**

**BROOKFIELD, WI 53005**

Sex: M F

**REGISTRATION DEADLINE AUGUST 16TH**

**(Registrations accepted after Aug. 16, refer to specific informatin on Page 13)**

**FEES:** (Non refundable unless event is canceled by Senior Olympics)

Determine Your Cost Registration Cost\Event Subtotal

A. 1st Sport (WI Residents) . . . . . . . . . . . . . . . . . .$20.00 (Out-of-State Resident $25.00) $\_\_\_\_\_\_\_\_\_\_\_\_

B. Additional Sports.................. \_\_\_# of Sports X $ 5.00 $\_\_\_\_\_\_\_\_\_\_\_\_

C. Unlimited Sports (WI Residents) . . . . . . . . . . .$40.00 (Out-of-State Resident $45.00) $\_\_\_\_\_\_\_\_\_\_\_\_

**The following events require a facility or user fee:**

Bowling: (# of events\_\_\_\_X $8.50) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

Cycling: $10.00/day . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

Golf: $30.00 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

Pickleball $10.00 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

Powerlifting: $5.00 per event (# of events \_\_\_\_\_X $5) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

Racquetball: $10.00 (WAC members exempt) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

Swimming: $5.00 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

Tennis: $10.00 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

Track & Field or Race Walk: $5.00. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

Volleyball $9.00. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

Late Registration Fee (after August 16) @$10.00 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

Extra T -shirts\_\_@ $7.00 \_\_\_@ $6.00 shipping & handling cost per shirt . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

DONATION TO SENIOR OLYMPICS . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

I will attend Celebration of Athletes Dinner and Expo at a cost of $5.00. oYes o No . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

Number of guest dinners \_\_\_\_\_\_at $5.00 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_

Check payable