

2018 CONNECTICUT MASTERS' GAMES - Brought To You By OptumCare!

INDIVIDUAL SPORT REGISTRATION FORM

975 Middle Street, Unit G, Middletown, CT 06457

TEL: (860) 788 7041 FAX: (860) 894 2654 Email: CTMasters@CTMastersGames.org



First Name: _____ M.I.: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone/Cell: _____ Email: _____

Male / Female Date of Birth: _____ Age on 12/31/18: _____ T-Shirt Size: *S, M, L, XL, XXL, Other:* _____

Bring a buddy program discount Sponsor Name (Required): _____

Previous National Senior Games Athlete : Yes No If Yes: NSGA # _____ or Don't Know

HOW DID YOU HEAR ABOUT THE CT MASTERS' GAMES? (Circle Best)

Coach Email Newspaper Postcard Poster Previous Participant Radio Web Search Other: _____

Select Your Events: *Note: Cycling Crits & Time Trials Use: [www. Bikereg.com](http://www.Bikereg.com)* ** =Required

- | | |
|--|--|
| <input type="checkbox"/> ARCHERY:
<input type="checkbox"/> Recurve (sight) <input type="checkbox"/> Barebow Recurve (no sight) <input type="checkbox"/> Compound Fingers (sight)
<input type="checkbox"/> Barebow Compound (no sights) <input type="checkbox"/> Compound Release (sight)
<input type="checkbox"/> BADMINTON: Rating** _____ <input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Mixed Doubles.
<input type="checkbox"/> BOWLING : <input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Mixed Doubles.
<input type="checkbox"/> PICKLEBALL: Rating** _____ <input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Mixed Doubles | <input type="checkbox"/> RACQUETBALL: <input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Mixed Doubles
<input type="checkbox"/> SHOOTING: Smallbore Rifle Any Sights Prone (60 Shots)
<input type="checkbox"/> SWIMMING: U.S. Masters # ** _____ List Events Below
<input type="checkbox"/> TABLE TENNIS: <input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Mixed Doubles
<input type="checkbox"/> TENNIS: <input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Mixed Doubles
<input type="checkbox"/> TRACK & FIELD: USA. T&F # _____ List Events Below |
|--|--|

LIST YOUR DOUBLES/MIXED DOUBLES PARTNER: (If you do not have a partner, list "Need a Partner")

Doubles Partner Name: _____ Partner's Age on 12/31/18: _____

Mixed Doubles Partner Name: _____ Partner's Age on 12/31/18: _____

Swimming & Track & Field: List the specific events you will be competing in. Swimmers Only: Include best time per event.

Event (1): _____ TIME: _____ Event (4): _____ TIME: _____

Event (2): _____ TIME: _____ Event (5): _____ TIME: _____

Event (3): _____ TIME: _____ Event (6): _____ TIME: _____

PAYMENT: Checks: Payable to: CSMG, 975 Middle Street, Unit G, Middletown, CT 06457 **Credit Cards:** Call our office 860-788-7041

ATHLETE'S WAIVER, PLEDGE AND CONSENT AGREEMENT

In consideration of the acceptance of my entry into the competition known as the Connecticut Masters' Games, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to my person or property arising out of the performance or failure of performance of the State of Connecticut, the Connecticut Masters' Games, the Nutmeg State Games, any and all sponsors, groups providing sanction or approval, owners of the sites, and/or the respective officer/agents, representatives, successors and/or assigns of the parties named above for any and all claims for damage to person or property sustained by me in connection with, association or entry in, and/or arising from activity related to the Connecticut Masters' Games.

I have full knowledge that the sport in which I have entered carries significant risk of personal injury, in some cases very severe injury, even death. I also agree that I am responsible for my own safety. I declare that to the best of my knowledge, I am in good physical condition and have no disease or injury that would be aggravated by my participation in activities related to the Connecticut Masters' Games.

I, also, declare on my honor that I am an amateur and fulfill the conditions stipulated by the Connecticut Masters' Games. I agree that if I am selected for competition at the Finals of the Games, I will compete in the Games, keep myself in top physical condition, retain my amateur status and make myself available for training wherever and whenever possible. I will also appear and participate in the Opening Ceremonies and report to the press tent for pictures, interviews, as directed by Connecticut Masters' Games authorities.

I understand that the consumption of alcohol beverages or non-prescribed drugs at any Connecticut Masters' Games venues, events, or dormitories is strictly prohibited and that failure to conduct myself in a socially responsible manner (to be determined by Connecticut Masters' Games authorities) will result in immediate expulsion from the Connecticut Masters' Games.

I hereby consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the Connecticut Masters' Games in any manner incidental to my participation in the Connecticut Masters' Games and without compensation to me. I declare that I have personal medical coverage and that I have read all of the above and understand the release waiver, and by signing it agree to all its items. By entering and participating in the CT Masters' Games, All athletes agree to abide by the rules, regulations and disciplinary actions of "The Games" Administrators. It is the responsibility of the athlete to follow all rules. Failure to do so may result in suspension, expulsion and/or forfeiture.

SIGNATURE _____ PRINT NAME _____ DATE _____