2019 WISCONSIN SENIOR OLYMPICS INDIVIDUAL REGISTRATION FORM

Please complete both sides of this form, sign the liability waiver and return it with fees by the registration end date listed under individual sports. NO LATE REGISTRATIONS WILL BE ACCEPTED.

PERSONAL INFORMATION (Name as it appears on I.D.)	
First Name M.I Last	
Birth Date Age as of Dec. 31, 2019 Gender: O Female O Male	
Email Mobile Phone Primary Phone	
Address City State Zip Co	ounty
Emergency Contact Name Relationship Emergency Phone ()
Shirt Size (Circle your Choice) Men S M L XL XXL Women S M L XL X	(XL
Ethnicity (Circle) White Black Asian Native American Hispanic Other	
Are you a Veteran? ☐ Yes ☐ No What is your Annual Income? (Optional)	
Is this your first time participating in the games? ☐ Yes ☐ No	
How did you hear about us?	
National Games Participated in (circle): 1987 1989 1991 1993 1995 1997 1999 2001 2003 2005 2007 2009	2011 2013 2015 2017 2019
REGISTRATION FEES	
FEES: (Non refundable unless event is canceled by Wisconsin Senior Olympics)	
Determine Your Cost Registration Cost\Event	
A. Registration Fee includes 4 sports	
B. Out-of-State Resident + \$10.00	
C. Additional Sports (over 4)# of Sports X \$10.00 (No Limit)	\$
The following events require a facility or user fee:	
Archery: \$5.00 per participant	
Bowling: (\$10 per event) □Singles \$10, □Doubles \$10, □Mixed Doubles \$10	
Cycling: \$20.00 per day / per participant	
Golf: \$37.00 Masters / \$25.00 Novice	
Pickleball: \$15.00 per participant for 1st event / \$9 for each additional event	\$
Powerlifting: \$5.00 per event (Bench Press, Deadlift)	
Power Walk: \$5.00 (no fee if you paid track fee)	
Racquetball: \$20.00 per participant (WAC members exempt)	
5K/10K Road Race: \$15.00 for individual (\$45.00 for individual & Family)	
Softball: \$7.00 per participant	\$
Swimming: \$10.00 facility fee	\$
Table Tennis: \$15.00 per participant	\$
Tennis: \$15.00 per participant	
Volleyball: \$10.00 per participant	
Paper Registration Fee	
DONATION TO SENIOR OLYMPICS	.\$
I will attend Opening Ceremonies Dinner and Expo at a cost of \$20.00. ☐ Yes ☐ No	
Number of guest dinners (excluding yourself)at \$20.00at	
Check payable to "Wisconsin Senior Olympics" TOTAL ENCLOSED:	.\$
Please mail to: Wisconsin Senior Olympics, 7700 West Bluemound Road, Wauwatosa, WI 532:	13
Liability Waiver: (Must be signed by all participants) In consideration of the acceptance of my application for registration DLYMPICS, I hereby waive and release for myself, my heirs, executors, and administrators any and all rights and claims for it to include loss of life, which I may have against the sponsors/co-sponsors and their agents, employees or representatives for deal with the WISCONSIN SENIOR OLYMPICS and Waukesha County Parks and Land Use. I warrant and represent that I am indition, and I am physically able to compete in the events I have selected. I know of no physical restrictions whatsoever which ion in these events. Please Note: For promotional purposes, photographs and videos may be taken of participants. By significantly the second of the wisconsin Senior Olympics. Will abide by the Wisconsin Senior Olympics Code of Conduct found on page 1.	injuries, damages and/or losses, or any and all activities connect- n good physical health and con- ich would prevent my participa-
CICNED	

	ections: Check the box of the sport and ev me of Participant completing this form:			ner and age and email for doubles competition.
	ARCHERY ☐ Compound Fingers ☐ Barebow Recurve ☐ Compound Release ☐ Barebow Compound ☐ Recurve	0	CROQUET Singles Doubles Partner Birthdate Email CYCLING	□ SWIMMING (Limit of five [5] events) You may enter one division, Novice or Masters □ Novice □ Masters Seed Time Provide SEED Times when possible in following format. 00:37 would be 37 seconds. (do not include hundredths) If you are registered Master Swimmer and would like
	BADMINTON Singles Doubles Partner Birthdate	_	Time Trial	times to qualify for records (optional) provide your USMS # here: 400 IM 200 FREE
	Email Mixed Doubles Partner Birthdate Email		HORSESHOES Wednesday Singles Thursday Doubles Partner Birthdate Email	☐ 100 FLY
	Team Name	0	LAWN BOWLING ☐ Singles ☐ Doubles Partner	☐ 100 IM ☐ 200 BACK ☐ 50 FLY ☐ 100 FREE ☐
_	Captain's Name (Basketball Players 75 & over may register as individuals and be assigned to teams later.) BASKETBALL FREE THROW	_	Birthdate Email PICKLEBALL Singles □ Doubles	☐ 200 IM ☐ 50 BACK ☐ 200 BREAST ☐ 500 FREE ☐ 50 SIDESTROKE NOVICE
	BASKETBALL 3 POINT SHOT		Partner Birthdate Email	□ 50 BREAST NOVICE □ 50 FREE NOVICE □ □ 50 FREE NOVICE □ □ 50 FREE NOVICE □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
_	BOWLING Average Check event, circle day and time you will play and list partners, if playing doubles □ Singles Scratch Mon/Tues/Wed 11 am/1 pm		☐ Mixed Doubles Partner Birthdate Email	☐ 100 FREE NOVICE ☐ 50 BACK NOVICE ☐ TABLE TENNIS ☐ Singles ☐ Doubles Partner
	☐ Singles Handicap Mon/Tues/Wed 11 am/1 pm		POWERLIFTING ☐ Bench Press ☐ Dead Lift	Birthdate Email
	Doubles Scratch Mon/Tues/Wed 11 am/1 pm Partner	_	POWER WALK ☐ 1500 ☐ 5000	☐ Mixed Doubles Partner Birthdate Email
	Birthdate Email Doubles Handicap Mon/Tues/Wed 11 am/1 pm Partner Birthdate Email	0	RACE WALK RACQUETBALL Singles Doubles Partner Birthdate Email	☐ TENNIS (limit of two events) ☐ Singles ☐ Doubles Partner Birthdate Email ☐ Mixed Doubles
	☐ Mixed Dbls. Scratch Mon/Tues/Wed 11 am/1 pm Partner		5K /10K ROAD RACE ☐ 5K RUN ☐ 10K RUN ☐ WALK	Partner Birthdate Email
_	Birthdate Email Mixed Dbls Handicap Mon/Tues/Wed 11 am/1 pm Partner Birthdate Email CORNHOLE	0	SHUFFLEBOARD Age 40 and over Singles Doubles Partner Birthdate Email SOFTBALL Team Name	□ TRACK AND FIELD Best Time 50 M
-	☐ Singles ☐ Doubles Partner Birthdate Email		Captain's Name	☐ Javelin ☐ Pole Vault ☐ Hammer USATF# ■ VOLLEYBALL ☐ Men ☐ Women Team Name Captain's Name

2019 Senior Games Team Roster and Golf Partners / Foursomes

TEAM ROSTER MUST BE SUBMITTED BY TEAM CAPTAIN BY JULY 26TH.

games. Wauwatosa, WI 53213, or emailed to info@wiseniorolympics.com. Teams without a team roster submitted will NOT be allowed to participate in the Team Managers must fill out the team roster below. The roster must be either mailed to Wisconsin Senior Olympics, 7700 W. Bluemound Road,

TEAM NAME			State Representing	Age Division	ion	Sport (Circle one) Basketball	Softball Volleyball
	#	Participant's Name (First and Last)	DOB MM/DD/YY	Gender M/F	Player Status (see below)	Telephone with area code	_ =
Team							
Captain*	1				С	()	
	2						
	ယ					()	
Golf Maximum	4					()	
	Ŋ						
	6						
	7					()	
	∞					()	
	9					()	10
Basketball Maximum	10					()	
	11						
	12						
	13						
	14					()	
	15					()	
Volleyball Maximum	16					()	
	17					()	
	18						
	19					()	
	20						
	21					()	
S oftball Maximum	22						

Players Status Codes (enter all that apply): P=Player

N=Non-Player

C=Captain

A=Asst. Captain

K = Coach