



OSGA HALTON DISTRICT #21 2010 SUMMER GAMES

Name _____
 Address _____
 City _____
 Phone # _____
 E-mail _____

Age as of December 31, 2010 – Circle one				
55-59	60-64	65-69	70-74	75+

PRINT CLEARLY

Summer Games Events

Bid Euchre	()
Bocce	()
Carpet Bowling	()
Cribbage	()
Contract Bridge	()
Darts	()
Euchre	()
Floor Shuffleboard	()
5-Pin Bowling	()
Golf	()
Horseshoes	()
Lawn Bowling	()
Swimming	()
Slow-Pitch Baseball	()
Tennis	()
Walking	()
Nordic Walking	()
Pickle Ball	()

Number of events chosen: ____

OSGA GAMES FEE STRUCTURE

- **There is NO Annual \$8 Association Fee! This year it is sponsored by Halton #21!**
- **MEDiChair** of Bronte Rd., Oakville has agreed to pay the \$2 for the 1st event for every participant.
- **You Pay only \$2 for each additional game**
- Some events such as bowling, skiing, hockey, skating and curling etc. will have additional rental and/or facility fees.

Make cheques payable to: Ontario Senior Games Association Halton District #21
 Send to: Fred Rous, 1206 De Quincy, Burlington, ON, L7P 1E1
www.seniorgameshalton.org

ONTARIO SENIOR GAMES ASSOCIATION HALTON DISTRICT #21, YEAR 2010 PARTICIPANT and VOLUNTEER WAIVER FORM

I, the undersigned, personally and on behalf of my heirs, executors, administrators and assigns, hereby release and forever discharge the following:

- The Ontario Senior Games Association
- The Ministry of Tourism, Culture and Recreation and the Ministry of Citizenship
- The Sport Alliance of Ontario
- Halton Region and/or all Municipalities within District #21
- The Trillium Foundation
- All sponsors, organizers and volunteers of District #21, Ontario Senior Games Association, their respective officers, directors, agents, representatives or successors, from any and all claims or demands that I have or my heirs, executors, administrators assigns or any third party may have for personal injuries and property damage of any nature whatsoever, arising by reason of my participation or volunteering at any level of the Ontario Senior Games Association Program.

I authorize the Ontario Senior Games Association and District #21 Committee to have such care, as may be required for me by medically qualified personnel during my participation in any event of the Ontario Senior Games Association's District and/or Provincial Games. I have read the above Statement, understood it and my signature confirms its acceptance. I attest and verify that I have full knowledge of the risks involved in my participation and I am physically fit and able to participate in said events.

I agree to participate only in HALTON DISTRICT #21
 ONTARIO SENIOR GAMES ASSOCIATION
 Dated this ____ day of _____ 20__ A.D.

Participant's Signature _____

Witness' Signature _____