

OSGA HALTON DISTRICT#21 2009- 2010 WINTER GAMES

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

Please circle Age Group:
 55-59; 60-64; 65-69; 70-74; 75+
 as of Dec. 31, 2010

PLEASE PRINT CLEARLY

WINTER GAMES EVENTS Events Selected

Alpine Skiing	()
Badminton	()
Curling	()
Duplicate Bridge	()
Ice Hockey	()
Nordic Skiing	()
Skating	()
Table Tennis	()
Ten (10) Pin Bowling	()
Volleyball	()

Number of events chosen: ____

WINTER FEE STRUCTURE

OSGA Winter Games \$8 Association Fee is sponsored this year!

MEDChair of Bronte Rd., Oakville has agreed to pay the traditional \$2 for the 1st event for every participant. Each additional event is \$2

* 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:

- a) The Ontario Senior Games Association
- b) The Ministry of Tourism, Culture and Recreation and the Ministry of Citizenship
- c) The Sport Alliance of Ontario
- d) Halton Region and/or all Municipalities within District #21
- e) The Trillium Foundation
- f) 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 also agree to participate only in HALTON DISTRICT #21

ONTARIO SENIOR GAMES ASSOCIATION

Dated this _____ day of _____ 20__ A.D.

Participants Signature _____ Witness Signature _____