

# Douglas County Parks & Recreation Department



## Senior Games Registration Form



**ELIGIBILITY:** Athletes 50 years of age and better, may compete in individual and team events For an opportunity to earn a Gold, Silver or Bronze medal. These games are dedicated to competition and fellowship, with the focus on fun and doing your best regardless of the outcome.

**REGISTRATION:** August 15th to October 4th  
Registration is based on first-come, first served  
Spaces are limited, sign up early!

**ENTRY FEE:** \$15 per event (Events listed in **red**, specifics listed in **blue**)

**AWARDS:** Gold, Silver, and Bronze Medals

**LOCATION:** Douglas County Community Center

**GAME TIMES:** Events will be held during business hours the week of October 14th –18th

**SCHEDULE:** Will be determined based on the number of participants

**INFORMATION:** For more information, contact Georgianna Drees-Wasmer (Senior Recreation Coordinator), or Scott Doerr (Youth and Adult Sports Coordinator) at the DCCSC 775-782-5500 or email [sdoerr@douglasnv.us](mailto:sdoerr@douglasnv.us)

*Please circle the events that you are registering for:*

*Partners must pay separately*

**Pickle Ball:** Men's/Women's Singles Doubles Coed Partner's Name (Event 1) \_\_\_\_\_  
\$15 each event/team 3.0 - 3.5 + (Event 2) \_\_\_\_\_

**Racquetball:** Men's/Women's Singles Doubles Coed Partner's Name (Event 1) \_\_\_\_\_  
\$15 each event/team (Event 2) \_\_\_\_\_

**Badminton:** Men's/Women's Singles Doubles Coed Partner's Name (Event 1) \_\_\_\_\_  
\$15 any/all event/team (Event 2) \_\_\_\_\_

**Shuffle Board:** Men's/Women's Doubles Coed Partner's Name (Event 1) \_\_\_\_\_  
\$15 any/all event/team (Event 2) \_\_\_\_\_

**Corn Hole:** Men's/Women's Doubles Coed Partner's Name (Event 1) \_\_\_\_\_  
\$15 any/all event/team (Event 2) \_\_\_\_\_

**Table Tennis:** Men's/Women's Singles Doubles Coed Partner's Name (Event 1) \_\_\_\_\_  
\$15 any/all event/team (Event 2) \_\_\_\_\_

**Basketball Skills:** Lay-ups Free-throws Three pointers Dribbling skills course  
\$15 all events included (Circle the ones you'd like to participate in)

**Track and Field** 1 mile 2 mile 50 meter 100 meter 200 meter Shot put  
\$15 all events included (Circle the ones you'd like to participate in)

**Fitness/Weightlifting** Bench Press Leg Press Pull ups Push ups Sit ups  
\$15 all events included (Circle the ones you'd like to participate in)

Name: \_\_\_\_\_ Male/Female \_\_\_\_\_ Shirt Size \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email \_\_\_\_\_ \*AGE \_\_\_\_\_

Date Paid:

Date Waitlisted:

**RELEASE FORM**

**NAME OF PARTICIPANT** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**Gender** \_\_\_\_\_ **Age** \_\_\_\_\_

**E-mail** \_\_\_\_\_

Do you have any pre-existing medical conditions that might limit participation, and that the department or Volunteer staff should be made aware of?

**AGREEMENT, WAIVER AND RELEASE**

In consideration for being permitted by Douglas County to participate in the Senior Games, I hereby waive, release, and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the activity. This release is intended to discharge in advance the County (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in the activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in the activity.

I HAVE CAREFULLY READ THE AGREEMENT, WAIVER AND RELEASE SET FORTH ON THIS PAGE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE COUNTY AND I SIGN IT OF MY OWN FREE WILL.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency and no one can be reached at the above address and telephone, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**CONSENT TO TREATMENT**

“In the event of sudden illness, accident, or injury which may occur while engaged in an activity supervised by Douglas County Parks & Recreation and their representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give the consent for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of Nevada.”  
I UNDERSTAND THAT THE DOUGLAS COUNTY PARKS & RECREATION DEPARTMENT DOES NOT PROVIDE MEDICAL INSURANCE ON THIS ACTIVITY AND WILL ADHERE TO ALL OF ITS RULES AND POLICIES.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Advertising Release Form**

From time to time the Douglas County Parks & Recreation Department may desire to use a picture of you captured during DCPR Sports activities and other DCPR programs. These pictures will be used for promotional purposes including press releases, brochures, flyers and web postings. Please complete the photo advertising release form if you give permission for use of such photos. I hereby authorize the Douglas County Parks & Recreation Department (DCPR) to use my photograph for promotional purposes for press releases, brochures, flyers and/or any other publication. I acknowledge that only DCPRD is authorized to use the image(s). I am not giving my authorization for use of any image by any other individual or organization. I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken. I hereby release DCPR and its officers from any legal responsibility or liability for disclosure of the images.

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_