



MINISTRY OF SOCIAL CARE, CONSTITUENCY EMPOWERMENT AND
COMMUNITY DEVELOPMENT
DEPARTMENT OF CONSTITUENCY EMPOWERMENT

4th Floor, Warrens Office Complex, Warrens, St. Michael
Tel: (246) 310-1638/1642 Fax: (246) 417-1317



15TH NATIONAL SENIOR GAMES 2016
TENNIS TOURNAMENT

Tennis Centre, Garfield Sobers Sports Complex, Wilkey, St. Michael
April 11 – 17, 2016

REGISTRATION FORM

LAST NAME: **First Name:**

Middle Name:..... ☐ **Male** ☐ **Female**

Mailing Address:

Date of Birth (mm/dd/yyyy): / / **National Registration #:** -

Telephone: (H) **(W)**

(Cell) **E-mail:**

Is this your first time competing? ☐ **Yes** ☐ **No, I last competed in (year)**

TICK APPROPRIATE DIVISION:

NB - PLAYERS MAY ENTER NO MORE THAN **TWO** AGE GROUPS AND DEPENDING ON MATCH SCHEDULING MAY HAVE TO PLAY EVERY DAY OF THE TOURNAMENT.

	40 & OVER	45 & OVER	50 & OVER	55 & OVER	60 & OVER
SINGLES:					
DOUBLES: <i>Partner's Name:</i>					

T-Shirt Size (please circle): **Small** **Medium** **Large** **XL** **2XL**

In case of emergency, please contact:

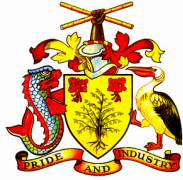
(NAME).....

Telephone: (H).....**(W)**.....**(C)**.....

Do any of the following apply to you? If so, please tick (✓):

Asthma () Hypertension () Allergies ()
Heart Disease () Diabetes () Other.....

Are you on medication? (Yes/No) If yes, please state the medication.



**MINISTRY OF SOCIAL CARE, CONSTITUENCY
EMPOWERMENT AND COMMUNITY DEPARTMENT
Department Of Constituency Empowerment**

4th Floor Warrens Office Complex
Warrens, St. Michael
Tel: (246) 310-1638/1642 Fax: (246) 417-1317



PLEASE TURN PAGE

NATIONAL SENIOR GAMES 2016 - RELEASE FORM

I (STATE NAME)..... am at least forty (40) years old and have submitted the attached application for participation in the National Senior Games 2016. I agree to abide by the rules of the Games and the decisions of the Games' officials.

The Ministry of Social Care, Constituency Empowerment and Community Development has my permission, (both during and any time thereafter) to use my likeness, name, voice or words in either television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of the Games and/or applying for funds to support these purposes and activities.

I declare and warrant that to the best of my knowledge and belief, I am physically and mentally able to participate in the Games. I also declare that a licensed physician has certified that I am fit to participate based on an independent medical examination and that there is no medical evidence which would prevent me from participating in the National Senior Games 2016.

I agree that the Games' organizers, sponsors and officials shall **NOT** be liable for any injury, loss or damage however caused which I may incur as a result of my participation in the Games or my presence at the sports venues during the competition. I hereby release the above parties from any and all such liability.

If, during my participation in the National Senior Games 2016, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize the Ministry to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I have read this form and fully understand the provisions of this release that I am signing. I understand that by signing this document, I am saying that I agree to the provisions of this release.

.....
Signature of Participant

.....
Date