



**September 13 – 16, 2017**  
**Participant & Non-Participant**  
**REGISTRATION FORM**  
**REGISTRATION DEADLINE: JULY 28, 2017**

**SECTION 1 – PERSONAL INFORMATION (Please Print Clearly)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CIVIC ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (office) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age, as of December 31, 2017: \_\_\_\_\_

REGION:     Cape Breton     Central     Fundy     Highland     South Shore     Valley

How did you hear about the Nova Scotia 55+Games?

Social Media     Recreation Department     Participated in previous 55+ Games

Other: \_\_\_\_\_

**SECTION 2 – TRAVEL AND ACCOMMODATIONS**

Transportation will be available for those participants who do not have means of commuting to and from the Nova Scotia 55+ games venues.

Please advise if you require transportation assistance during the Nova Scotia 55+ Games.     Yes     No

I plan to stay:     Hotel/Motel     B&B     RV Park     Other

Name of accommodation: \_\_\_\_\_

Contact number during Nova Scotia 55+ Games: \_\_\_\_\_

**SECTION 3 - SPECIAL EVENTS**

I will be attending the Opening Ceremonies and Reception, Thursday, September 14, 2017.

I will be attending Afternoon Entertainment on Friday, September 15, 2017.

I will be attending the Evening Entertainment on Friday, September 15, 2017.

I will be attending the Afternoon Entertainment on Saturday, September 16, 2017.

I will be attending the Closing Ceremonies & Banquet on Saturday, September 16, 2017. (FEE \$25.00 PER PERSON)

**SECTION 4 – REGISTRATION FEES**

All fees are non-refundable after August 31, 2017; includes membership to Nova Scotia 55+ Games Society.

- PARTICIPANT (\$35.00\*) (\*Banquet fees are additional)
- NON-PARTICIPANT (\$20.00\*): provides access to reception and all other entertainment during the 55+ Games; (\*Banquet fees are additional.)

Event	Fees	Amount Submitted
Registration fee for ALL participants	\$35.00	
Registration fee for NON-participants	\$20.00	
<b>ADDITIONAL FEES</b>		
Banquet fee	\$25.00	
Bowling fee ( \$10.00 per person)	\$10.00	
Curling Team fee (only to be submitted by Team Skip; 4 players; \$20. each)	\$80.00	
Stick Curling fee (only to be submitted by Team Skip; 2 players; \$20. each)	\$40.00	
Golf fee (includes 2 rounds and a cart)	\$100.00	
Hockey Team fee (only to be submitted by Team Captain; 18 players per team)	\$500.00	
Make cheques payable to: Lunenburg County Lifestyle Centre		
<b>TOTAL submitted</b>		

Fees may be paid by cash, cheque or credit card.

- Cash                       Cheque                       Debit
- Credit Card :               MASTER CARD               VISA                       AMEX
- Card Number: \_\_\_\_\_ Expiry Date (mm/yy): \_\_\_\_\_ \*CVV/CVC #: \_\_\_\_\_  
 (\*located on back of card)

Mail completed registration form with payment/payment information to:

55+Games 2017 Lunenburg County  
 135 North Park Street,  
 Bridgewater, NS  
 B4V 9B3

Phone: 902-530-6755  
 Fax: 902-530-3733

You may also register online at [www.2017ns55plusgames.ca](http://www.2017ns55plusgames.ca)  
 Or email completed registration form to [55plusgames2017@gmail.com](mailto:55plusgames2017@gmail.com)

<p><b>FOR OFFICE USE ONLY:</b></p> <p>Date received: _____</p> <p>Amount paid: _____</p> <p>Method of payment: _____</p> <p>Received by: _____</p>	<p><b>NOTES:</b></p> <p>-2017 NS55+ Membership Card # : _____</p>
--	---

**SECTION 5 – ACTIVITY AND SPORT (Participants only). PLEASE CHECK OFF THE ACTIVITY/SPORT FOR WHICH YOU ARE REGISTERING:** You may enter as many activities as you wish, provided time permits.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**INDIVIDUAL ACTIVITY / SPORT**

- 8 Ball – Pool**       **Men’s**       **Women’s**  
 **Golf:**       **Men’s:**       Low Gross       Low net       Calloway CPGA Handicap  
                   **Women’s:**       Low Gross       Low net       Calloway CPGA Handicap  
 **Horseshoes**       **Men’s**       **Women’s**  
 **Micro Marathon**       **Men’s 5km**       **Women’s 5km**       **Men’s 10km**       **Women’s 10km**  
 **Mountain Biking**       **Men’s 8km**       **Women’s 8km**       **Men’s 16km**       **Women’s 16km**  
 **Scrabble**

**PARTNER ACTIVITY / SPORT**

- 45s**      Partner’s Name: \_\_\_\_\_  
 **Badminton:**       Men’s Doubles       Women’s Doubles      Partner’ Name \_\_\_\_\_  
                   Mixed Doubles      Partner’ Name \_\_\_\_\_  
 **Contract Bridge:**      Partner’s Name: \_\_\_\_\_  
 **Cribbage:**      Partner’s Name: \_\_\_\_\_  
 **Darts:**       Men’s Singles       Women’s Singles       Men’s Doubles       Women’s Doubles  
                  Partner’s Name \_\_\_\_\_  
 **Duplicate Bridge:**      Partner’s Name \_\_\_\_\_  
 **Floor Shuffleboard:**      Partner’s Name \_\_\_\_\_  
 **Pickleball:**       Men’s Doubles      Partner’s Name \_\_\_\_\_  
                   Women’s Doubles      Partner’s Name: \_\_\_\_\_  
                   Mixed Doubles      Mixed Partner’s Name: \_\_\_\_\_  
 **Skip-Bo:**      Partner’s Name: \_\_\_\_\_  
 **Swimming (maximum 4 events + relay):**       **Men’s**       **Women’s**  
                   50m Freestyle       100m Freestyle       100m Individual Medley  
                   50m Butterfly       50m Backstroke       100m Backstroke  
                   50m Breaststroke       100m Breaststroke       Relay       Predicted Swim  
 **Tennis:**       Men’s Doubles       Women’s Doubles      Partner’ Name \_\_\_\_\_  
                   Mixed Doubles      Partner’s Name \_\_\_\_\_  
 **Track & Field (maximum 4 events + relay):**       **Men’s**       **Women’s**  
                   50m       100m       200m       400m       800m       1500m       3000m  
                   4x100m relay       Shot Put       Javelin       Long Jump       Triple Jump       Predicted Walk  
 **Washer Toss:**      Partner’s Name: \_\_\_\_\_

**TEAM SPORT**

Each team member must register and fill out an individual registration form. A Team Roster is to be submitted by the Team Captain or Skip only. **TEAM ROSTER FORM – DEADLINE JULY 28, 2017.**

FOR 55+ GAMES RULES VISIT: [www.canada55plusgames.com](http://www.canada55plusgames.com)

- Candlepin Bowling:** (Team roster required, 5 players; only to be submitted by Team Captain/Skip):
  - Men's Singles       Women's Singles
  - Team      Team Captain's Name \_\_\_\_\_
  
- Ice Curling:** (Team roster required, 4 players; only to be submitted by Team Captain/Skip)
  - Men's 55+       Women's 55+       Mixed 55+
  - Men's 65+       Women's 65+       Mixed 65+
  - Skip's Name \_\_\_\_\_
  
- Stick Curling:** (Team roster required, 2 players; only to be submitted by Team Captain/Skip)
  - 55+       70+      Skip's Name \_\_\_\_\_
  
- Ice Hockey:** (Team roster required, maximum 18 players; only to be submitted by Team Captain/Skip)
  - Men's       Women's
  - Team Captain's Name \_\_\_\_\_
  
- Soccer: Women's** (Team roster required, 7 players; only to be submitted by Team Captain/Skip)
  - Team Captain's Name \_\_\_\_\_

TEAM NAME: \_\_\_\_\_ TEAM UNIFORM Colour: \_\_\_\_\_

TEAM CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (office) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

**TEAM MEMBERS**

**DATE OF BIRTH (mm/dd/yyyy)**

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		

**SECTION 6 – COMPULSORY PARTICIPANT WAIVERS**

The following agreement contains important provisions which limit the liability of the organizers in the event of injury, property damage or death, and must be signed as a condition of participation in the 2017 Nova Scotia 55+ Games.

**AUTHORIZATION TO USE WRITTEN MATERIALS/PHOTOGRAPHS**

I HEREBY authorize the Nova Scotia 55+ Games Society, Events Lunenburg County and the Host Committee for the 2017 Nova Scotia 55+ Games in Lunenburg County, NS, to use, reproduce and/or publish photographs as described below, which may pertain to me. I understand that this material will only be used to promote the 2017 Nova Scotia 55+ Games in particular and the Lunenburg County 55+ Games in general. This authorization is continuous and may only be withdrawn by my specific rescinding of this authorization.

Description of material: Photograph(s) and/or printed material to be used to produce a display for exhibits, websites, trade shows and publicity for the 55+ Games in general.

\_\_\_ YES, I AUTHORIZE

\_\_\_ NO, I DO NOT AUTHORIZE

**RELEASE, WAIVER AND ASSUMPTION OF RISK**

I, the undersigned, hereby acknowledge that participation in the 2017 Nova Scotia 55+ Games might result in personal injury, property damage or loss, and possibly death. I fully understand these risks and hereby agree to participate in the above mentioned Nova Scotia 55+ Games at my own risk.

In consideration of the 2017 Nova Scotia 55+ Games Host and the 2017 Nova Scotia 55+ Games Society, I and my heirs, executors, administrators and assigns agree not to hold the various sites where the Nova Scotia 55+ Games are being played, Events Lunenburg County , the Lunenburg County Host Committee or the Nova Scotia 55+ Games Society, or any of their servants, agents, sponsors, volunteers or employees responsible for any personal injury, property damage or loss, death resulting from or in connection with affiliated programs initiated, conducted or organized by the 2017 Nova Scotia 55+ Games Host Committee.

I have carefully read this release, waiver, Assumption of Risk Agreement and authorizations. I fully understand said agreement and I am freely and voluntarily executing the same.

\_\_\_\_\_  
Signature of Participant/  
Non-Participant

\_\_\_\_\_  
Name of Participant/  
Non-Participant (please print)

\_\_\_\_\_  
Date



**PARTICIPANT / NON-PARTICIPANT HEALTH FORM**

**This information must be worn inside your name tag for the duration of the Nova Scotia 55+ Games.**

NAME: \_\_\_\_\_

BIRTHDATE: (mm/dd/yyyy) \_\_\_\_\_ AGE: \_\_\_\_\_

CIVIC ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HEALTH CARD NUMBER: \_\_\_\_\_ **NOTE: Please bring your NS Health card with you.**

EMERGENCY CONTACT #1: Name: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT #2: Name: \_\_\_\_\_ PHONE: \_\_\_\_\_

(Please advise your contacts that you have listed them on this form and that they may be called in the event of an emergency).

MEDICAL CONDITIONS: (i.e. Diabetes) \_\_\_\_\_

ALLERGIES:  YES  NO IF YES, PLEASE SPECIFY: \_\_\_\_\_

(Be sure to carry any allergy medication with you.)

LIST OF CURRENT MEDICATIONS AND DOSAGES:

Special needs or food restrictions:

I, the undersigned, consent to any necessary treatment and I give the 2017 Nova Scotia 55+ Games Host Committee permission to transport me to the nearest Medical Facility. I understand that I will be solely responsible for any additional costs involved in transportation.

\_\_\_\_\_  
Signature  
(Consent for treatment/transportation)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date signed