



**September 13 – 16, 2017
Participant & Non-Participant
REGISTRATION FORM**

**NEW REGISTRATION DEADLINE:
AUGUST 11, 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	
ADDITIONAL FEES		
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		
TOTAL submitted		

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
 Or email completed registration form to 55plusgames2017@gmail.com

<p>FOR OFFICE USE ONLY:</p> <p>Date received: _____</p> <p>Amount paid: _____</p> <p>Method of payment: _____</p> <p>Received by: _____</p>	<p>NOTES:</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

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