



2009 Winter Festival Athlete Registration Form

All persons 50 years of age by December 31st, 2009, are eligible to participate. To register for the winter games, please complete this form and make check payable to MSO and mail to



Michigan Senior Olympics, 650 Letica Drive, Rochester, MI 48307.

Registration: Please read all registration information before completing the registration forms. These forms must be filled in completely and the medical waiver must be signed. Registration must be received in the MSO office by January 5, 2009. *Early Bird registration must be received in the MSO Office by November 26, 2008. No registration will be accepted after January 5, 2009.* No changes will be permitted after January 5th, 2009. There will be a cancellation fee of \$15.00 prior to January 5th, 2007. No refund after January 5th, 2009 without the paid medical cancellation waiver and doctors note.

Membership: Michigan Senior Olympics is a non-profit organization. Your membership fee supports MSO's services and mission. Members receive the MSO Newsletter, MSO Pin and Membership Card. You must be a member to participate.

Name: _____ Birthdate: _____

Street: _____ City: _____ Zip: _____

County _____ Sex: M F Home Phone: _____

Email: _____ Cell : _____

Please check the events you will participate in:

Medal Events

- ◇ **Bocce Ball** Partner's Name _____
- ◇ **DanceSport** Partner's Name _____
- ◇ **Pickleball**
 - ◇ **Singles**
 - ◇ **Doubles** Partner's Name _____
 - ◇ **Mixed Doubles** Partner's Name _____
- ◇ **Weightlifting** Avg Weight _____ Avg Lift Weight _____
- ◇ **Hockey** Team Name _____ Captain _____

REGISTRATION FEES

- ◇ **2009 Membership Fee:** You must be a member to participate. Membership covers both winter and summer games. \$ 25.00 = _____
- ◇ **Early Bird Team Fee (Hockey)** *Before November 26, 2008* \$600.00 = _____
- ◇ **Team Fee (Hockey)** One fee - team only, must also pay Membership fee; After November 26, 2008 \$650.00 = _____
- ◇ **Early Bird Team Fee (Curling)** *Before November 26, 2008* \$100.00 = _____
- ◇ **Team Fee (Curling)** One fee - team only, must also pay Membership fee; After November 26, 2008 \$125.00 = _____
- ◇ **Early Bird Individual Registration** *(Before November 26, 2008)* \$ 20.00 = _____
- ◇ **Individual Registration Fee** After November 26, 2008 \$ 25.00 = _____
- ◇ **Optional Medical Cancellation Medical** - No refund after January 5th, 2009 without this paid waiver. \$ 6.00 = _____

SOCIAL EVENTS

- ◇ Rochester Mills **MSO Member** Pizza & Karaoke Celebration \$ 5.00 X _____ = _____
- ◇ Rochester Mills **Guest** Pizza & Karaoke Celebration \$ 10.00 X _____ = _____
- ◇ Royal Park Dinner **MSO Member** \$ 35.00 X _____ = _____
- ◇ Royal Park Dinner Non-Member \$ 40.00 X _____ = _____

Total Fees \$ _____

Signature _____ Date _____

All team forms must be mailed in together. Please note: All cancellations prior to January 5th, 2009 will be charged a \$15.00 cancellation fee. No refunds after January 5th, 2009 without the paid medical cancellation waiver and a doctor's letter.

Michigan Senior Olympics
Amateur Athletic Waiver and Release of Liability
Please Read Before Signing

Name _____ Birthdate _____

In consideration of being allowed to participate in any way in the Michigan Senior Olympic, Inc. athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Michigan Senior Olympics, Inc., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("releases"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

I also understand that any and all photographs, videos, and audio taken may be used for MSO publicity, promotion, and publications.

X _____ Date Signed _____
(Participant's Signature)

Emergency Contact: _____ **Relationship:** _____

Phone #: _____ Email: _____

Emergency Contact: _____ **Relationship:** _____

Phone #: _____ Email: _____



Michigan Senior Olympics 2009 Winter Games Festival February 2 - 4, 2009



CRITTENTON

Eligibility: Men and women at least 50 years of age as of December 31st, 2009. All participants must be a member of Michigan Senior Olympics. Michigan Senior Olympics is open to out of state residents.

Registration: Registrations must be received in the MSO office by January 5, 2009. **Early Bird registration must be received in the MSO Office by November 26, 2008.** No registration will be accepted after December 31, 2008. No changes will be permitted after January 5th, 2009. Cancellations prior to January 5, 2009 will be charged a \$15.00 cancellation fee. No refunds after January 5, 2009 without the Optional Medical Cancellation Waiver.

Optional Medical Cancellation Waiver: You may purchase an optional medical cancellation waiver for \$6.00. 100% refund of Registration Fee if you cancel because of a medical conditions with a doctor's letter. The cost of the waiver is not refunded. No refunds will be issued after January 5, 2009 without the paid medical cancellation waiver and a doctor's letter.

Registration and Credentials: Your registration packet and your MSO credentials will be available on-site. You must produce a valid picture identification to receive your MSO credentials.

Schedules: The competition schedules will be based on the number of participants. Updated schedules will be available at each venues.

Awards: Awards will be presented at the event venues immediately following the competitions. Medals will be awarded to all 1st, 2nd and 3rd place finishers.

Hockey Schedule & Rules: will be sent to your team captain one week prior to the event.

Results: will be posted at each site daily when available.

Event Venues:

Detroit Curling Club: 1615 East Lewiston, Ferndale, MI 48220

Older Persons' Commission: 650 Letica Dr, Rochester, MI 48307 (248) 656-1403

Palazzo di Bocce: 4291 S. Lapeer Rd, Orion, MI 48359 (248)371-9987

Royal Park Hotel: 600 East University Dr., Rochester, MI 48307 (248) 652-2600

Troy Sports Center: 1819 East Big Beaver Rd, Troy, MI 48083 (248)689-6600

MSO Pickleball Skills Clinic



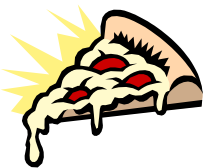
How would you like to spend 3 hours with an MSO GOLD Medal Winner who wants to help you improve your game? Renard Kolasas, 2008 MSO Doubles and Singles Gold Medal Winner, will be hosting a Skills Clinic that is open to all players who want to improve.

Wednesday November 12th 1:00- 4:00pm

OPC's Gym, 650 Letica Dr, Rochester MI 48307

Cost: \$5.00 Non Members Free to MSO Members

The clinic is a great way to develop a winning strategy for the February Winter Games.



Pizza & Karaoke Party Tuesday, February 3, 2009 6:00 p.m. — 8:00 p.m.



Come join in the fun with your fellow athletes for an evening of pizza and Karaoke at the Rochester Mills Beer Company · 400 Water St · Rochester, MI 48307
Cash Bar

MSO Member Cost: \$ 5.00 Non-Member Guest: \$10.00

TEAM NAME

- Hockey-14 team members
- Curling-5 team members

TEAM CAPTIAN (must be a registered athlete)

PHONE

NAME (List in alphabetical order)		Address/City/State/Zip	Phone Number	Age as of 12/31/2009
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
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