



Salisbury University
 Salisbury University Foundation, Inc.
 1101 Camden Avenue, Salisbury, MD 21801-6860

2009 REGISTRATION FORM
 410-548-3256

PLEASE PRINT CLEARLY & RETURN THIS FORM

Last Name	First Name (No Nicknames Please)	MI
Street Address	City	State
	Zip	County
Birth Date (Month/Day/Year)	Telephone Number (Daytime)	Telephone Number (Evening)

E-Mail: _____ Sex: () Male () Female

ALL PARTICIPANTS must enclose a **COPY** of a valid Driver's License or Motor Vehicle Administration ID. Everyone must present a valid driver's license or MVA ID at the Games. (Age is calculated as of December 31, 2009.)

Emergency Contacts:		
Name:	Relationship:	Phone:
Status: <input type="checkbox"/> Returning Athlete <input type="checkbox"/> New Athlete		
Were You a Professional or Olympic Athlete? Yes Year(s):		
Award(s):		

Medical Information: (Medications, allergies, surgeries, conditions, etc.) Please list or attach a detailed summary:

Registration Fees (Choose Only One):	Fee	Number	Amount
<input type="checkbox"/> Registration for Unlimited, Non-Team Events (Prior to March 20)	\$30		\$
<input type="checkbox"/> One to Three Events Discount Registration (An event is defined as one activity)	\$20		\$
<input type="checkbox"/> Late Fee Registration (After March 21 but prior to April 13)	\$60		\$
Additional Costs (Choose All That Apply):			
<input type="checkbox"/> Bowling Lane Fee (<input type="checkbox"/> Singles \$5 <input type="checkbox"/> Doubles \$5 <input type="checkbox"/> Mixed Doubles \$5)	\$5		\$
<input type="checkbox"/> Golf Cart Fee	\$30		\$
<input type="checkbox"/> Volleyball Captain's Fee	\$40		\$
<input type="checkbox"/> Personal Training Fee (Three sessions)	\$30		\$
Your tax-deductible additional donation is greatly appreciated!			\$
Total			\$

HAVE YOU REMEMBERED TO:

1. Complete **BOTH SIDES** of the Registration Form.
2. Read the rules and format for each event for which you are registering.
3. Check the daily schedule for conflicts.
4. **SIGN** the liability waiver form.
5. Endorse a check or money order payable to Salisbury University Foundation, Inc..
6. **MAIL TO:** Eastern Shore Senior Games, Salisbury University Foundation, Inc.
 Salisbury University, 1101 Camden Avenue, Salisbury, MD 21801-6860.
7. Postmark all registration materials by **midnight, April 13, 2009. Incomplete entries will be returned.**

FOR OFFICE USE ONLY: Date Rec'd _____ Check # _____ Check Amount \$ _____

2 0 0 9 EVENT REGISTRATION FORM

Please list: Select one event category per time slot. You must pre-register for an event. No un-registering participants will be added to an event during the competition.

EVENT SIGN UP

Aquatics – Friday 2 p.m.

Select no more than four events

- 1101 200 IM
- 1102 200 Free
- 1103 50 Back
- 1104 100 Breast
- 1105 50 Fly
- 1106 200 Back
- 1107 50 Free
- 1108 100 IM
- 1109 200 Breast
- 1110 100 Free
- 1111 50 Breast
- 1112 100 Back
- 1113 100 Fly
- 1114 500 Free

Basketball – Friday 2 p.m.

- 1201 Floor Shot
- 1202 Foul Shot

Cycling – Saturday 9 a.m.

- 1301 Road Race 40K

Golf – Thursday Noon

- 1401 18-Hole Scratch

Pump and Run

Pump (Friday 2 p.m.)

- 1701 Chest Press
- Run/Road Race (Saturday 10 a.m.)
- 1702 5K with Pump
- 1703 5K Race Only

Track and Field – Friday 2:30 p.m.

- 1801 100 M
- 1802 Long Jump
- 1803 Running Long Jump
- 1804 Triple Jump
- 1805 High Jump
- 1806 200 M

One-Mile Walk – Saturday 11 a.m.

- 1501 1 M Precision

Track and Field – Saturday 11 a.m.

- 1808 Discus
- 1809 Shot Put
- 1810 Javelin
- 1807 400 M
- 1812 1500 M
- 1811 800 M

Fitness – Saturday 9 a.m.

- 1601 Fitness Assessment

Fitness Personal Training – Pre-Event

- 1602 Personal Training

EVENTS WITH DOUBLES/TEAM COMPETITIONS

Badminton – Friday 3 p.m.

- 1901 Singles Partner Name: _____
- 1902 M Doubles Partner Name: _____
- 1903 W Doubles Partner Name: _____
- 1904 Mixed Doubles Partner Name: _____

Bowling – Friday 11 a.m. Cherokee Bowling Lanes

- 2001 Singles Partner Name: _____
- 2002 M Doubles Partner Name: _____
- 2003 W Doubles Partner Name: _____
- 2004 Mixed Doubles Partner Name: _____

Table Tennis – Saturday 10 a.m.

- 2101 Singles Partner Name: _____
- 2102 M Doubles Partner Name: _____
- 2103 W Doubles Partner Name: _____
- 2104 Mixed Doubles Partner Name: _____

Tennis – Thursday 9 a.m..

- 2201 Singles
- Tennis – Friday 9 a.m.
- 2202 M Doubles Partner Name: _____
- 2203 W Doubles Partner Name: _____

Tennis – Saturday 9 a.m.

- 2204 Mixed Doubles Partner Name: _____

Men's Volleyball – Friday 6 p.m.

- 2301 Team Name: _____

Women's Volleyball – Saturday 9 a.m.

- 2302 Team Name: _____

***Partner or team forms should be submitted together whenever possible with both names on both forms.**

LIABILITY WAIVER

The Eastern Shore Senior Games Organizing Committee strongly recommends that participants consult their physicians regarding practice, preparation and competition in the Eastern Shore Senior Games program.

I, the undersigned participant, shall and will save and keep harmless and indemnify the Eastern Shore Senior Games Organizing Committee members, Salisbury University, Salisbury University Foundation, other sponsors, volunteers or any of their agents or employees from and against any and all liability and claims which I may have and/or persons through me may have, such as a spouse or children, for damages of any kind or nature, including but not limited to personal expenses or death caused in whole or in part by the negligent acts of omission or commission by said indemnities acting independently or jointly in the sponsorship, conduct or operation of the 2008 Eastern Shore Senior Games.

I have prepared myself for the event(s) which I have entered by practicing prior to the Eastern Shore Senior Games. To the best of my knowledge and belief, I have no physical restrictions which would prohibit my participation in the events that I have selected to participate. The Eastern Shore Senior Games has my permission to have a physician attend me if deemed necessary during my participation in the Eastern Shore Senior Games.

I have read and understand all the information contained in the official form and the risk criteria as listed in the Eastern Shore Senior Games registration form, which must be met in order to compete in the Eastern Shore Senior Games. Fraudulent statements on this application will result in disqualification.

If pictures are taken during the Eastern Shore Games, I authorize the use of these pictures for publicity purposes.

Signature of Participant: _____

Date: _____