

LEXINGTON COUNTY SENIOR SPORTS GAMES 2023 REGISTRATION

REGISTRATIONS MUST BE TURNED IN BY FRIDAY, September 29, 2023

TYPE OF REGISTRATION: _____ **Athlete** (\$20: includes T-shirt, 3 day meals, and all events)

NAME: _____ AGE _____ DOB ____/____/____
Last First MI

ADDRESS: _____
Street City Zip Code

CONTACT INFO: _____
Home Phone Work/Cell Phone E-Mail Address

GENDER: _____ (Male/Female) T-SHIRT SIZE: (circle one): S M L XL 2XL 3XL

SSN (last 4): _____ MEDICAL INSURER: _____

PHYSICIAN'S NAME: _____ PHONE: _____

List medical conditions/health concerns: _____

List prescription medications you are taking: _____

List any allergies: _____

Emergency Contact: _____
Name Relationship Phone #

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Name Relationship Phone #

Check all dates you're attending: (Everyone making a meal reservation must include his/her SS#)

____ Lunch (Monday, October 9)

____ Lunch (Wednesday, October 11)

____ Banquet (Friday, October 13)

Do you attend a Lexington County Senior Center? ____ Yes ____ No
If yes, which Senior Center _____

Check all events you're competing in:

____ Cornhole

____ Darts

____ Horseshoes

____ Putt Putt Golf

____ Billiards

____ Bowling

____ Shuffleboard

____ Bocce

SSG LIABILITY WAIVER

I, the undersigned participant, hereby agree to indemnify, save and hold harmless the Lexington County Recreation & Aging Commission (LCRAC), Irmo Chapin Recreation Commission (ICRC) or any of their agents, representatives or sponsors for my health, safety, or injury resulting from my participation in the Senior Sports Games and practice sessions.

I have prepared myself for the events that I have entered by practicing prior to the games. To the best of my knowledge and belief, I have no physical restrictions that would prohibit my participation in the events I have selected. I have been advised by the LCRAC/ICRC Senior Sports Games sponsors that it would be in my best interest to consult my physician prior to my participation in the games. I am covered by hospitalization or other medical insurance which provides for the payment of health care benefits for illness or injury from my participation in the games.

I, the undersigned participant, grant to the sponsors of the Lexington County Senior Sports Games the right to use, without charge, any pictures taken of me during the games to be held October 9-13, 2023. I acknowledge that I am of legal age and have fully informed myself of the contents and meaning of this Waiver and have so signed this with the full knowledge thereof and that the terms here are contractual and not a mere recital.

Signature _____ Date _____

Please make checks payable to Lexington County Recreation & Aging Commission or LCRAC for registration fees.

Registration forms and fees must be turned in
no later than September 29, 2023

TOTAL ENCLOSED: \$ _____

Return to:
**LCRAC
Senior Sports Games
125 Parker Street
Lexington, SC 29072**

For additional information concerning the Senior Sports Games, contact Patrick Sippel at 803-356-5111.