



REGISTRATION FORM

January 20 & 21, 2018

TEAM AGE DIVISION: (please check age group)

50-54 55-59 60-64 65-69 70-74 75-79 80+

Register your team by December 15, 2017 to pay the early-bird registration fee! (see below)

8th Annual Women's 50+ Winter Basketball Classic

TEAM CAPTAIN INFORMATION (Please Print)

Today's Date: / /		Team Name:		
Last name:	First:	MI:	Birth date:	Age:
Street address:		Day Phone:	Evening Phone:	
		() -	() -	
City:		State:	ZIP Code:	
E-mail Address:				
Emergency Contact:		Relationship:	Day Phone:	Evening Phone:
			() -	() -

**Early Bird Registration Fee - \$185;
After Dec. 15, 2017, fee is \$220.**

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card:	<input type="checkbox"/> M/C	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
Credit Card #:			Exp. Date:		
Name On Card:					

All registrations & payments must be received by January 4, 2018.

Please make checks payable to Texas Senior Games.
Mail application and checks to (teams paying by credit card may fax forms):

Texas Senior Games
12500 NW Military HWY, Ste. 275
San Antonio, TX 78231

Office: (210) 302-6870 | Fax: (210) 408-2341 | Hotline: (210) 302-6973
pottorfc@jcc-sa.org | www.texaseniorgames.org | www.sportsforlife.org





Team Name:	
Age Division:	

TEAM ROSTER

7th Annual Women's 50+ Winter Basketball Classic
February 11 & 12, 2017 | San Antonio, TX

RELEASE OF ANY AND ALL CLAIMS

As a condition of being allowed to participate in the Women's 50+ Winter Basketball Tournament:

1. Prior to participating in any event, I will inspect the facilities and equipment to be used. If I believe that either the facilities or the equipment are unsafe, I will immediately advise an official of the event, as well as the Event Director, of such condition(s), and will refuse to participate.
2. I assume all risk of injury, including but not limited to, disability, death, and economic losses, which may result not only from my actions or negligence, but also from the actions or negligence of others, the condition of the premises, or the condition of the equipment. I accept personal responsibility for any and all injuries or damages resulting to me.
3. I agree a) not to sue the Texas Senior Games, the Barshop Jewish Community Center of San Antonio, and/or their respective agents, servants, administrators, directors, employees, and volunteers; and I release, waive, and discharge them from any and all liability, claims, damages, and/or losses caused or alleged to be caused by me, in whole or in part, by the negligence of any party; and b) to indemnify and hold harmless the Texas Senior Games, the Barshop Jewish Community Center of San Antonio, and/or their respective agents, servants, administrators, directors, employees, and volunteers from any and all claims arising from any injury I may suffer.
4. I grant to the Texas Senior Games and the Barshop Jewish Community Center permission to take photographs of me, and to use such photographs in any exhibition, advertisement, editorial, or in any way whatsoever, in their sole and absolute discretion.
5. I have read the above Liability Waiver and Release of Any and All Claims. I have had the opportunity to ask questions concerning this Waiver and Release. I voluntarily, and as my free act and deed, sign this Liability Waiver and Release of Any and All Claims.

TEAM MEMBERS

	NAME	T-shirt Size*	DOB AGE	Email Address	SIGNATURE DATE
1.	(CAPT)				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

ALL PLAYERS MUST PROVIDE PROOF OF AGE. AGE DIVISIONS ARE DETERMINED BY YOUNGEST PLAYER ON TEAM AS OF DECEMBER 31, 2018.

REGISTRATION CLOSSES JAN. 4, 2018. ALL ENTRY FEES MUST BE PAID IN FULL BY THIS DATE.

***T-shirts & medals only available for those in attendance at the Tournament. All athletes must sign waiver before they are eligible to participate. Players can play on one team only.**