	Please PRINT o	clearly.			
PART	ICIPANT INF	ORMATION			
Name:					
(First)	(MI)	(Last)			
Date of Birth:/	/	Age as of 12/31/24:			
Address:		NC,			
(Street)	(City)	(Zip)			
Phone: ()	Sex:	M F Shirt Size:			
Email:					
		EALTH INFORMATION			
Physician's Name:		Phone: ()			
Emergency Contact #1:					
Relationship:		Phone: ()			
Emergency Contact #2:					
Relationship:		Phone: ()			
Ethnicity:	Names of Medication:				
African American Asian					
Indigenous Person					
Hispanic	Your Medical Conditions:				
White Other					
Unknown/Declined					
• • • •	•	ness to be used in the promotion of			
Assistive Devices You Use (h		ed with Kerr-Tar Regional Senior Games			
Your Allergies:					

	Please PRINT clearly.	
Name:	(MI) (Last)	
(First) SPORTS EVENTS		
Please indicate the events in	which you would like to par	ticinate Refer to events
schedule for date, time, and	, , ,	•
Regular Deadline: March 8,	,	-
Individual Sports	<u> Track & Field Events</u>	<u>Badminton</u>
Basketball Shooting	50 M Dash	Singles
Billiards	100 M Dash	Doubles: (Partner/Age)
Bocce	200 M Dash	/
Cornhole	400 M Dash	Mixed Doubles:
Croquet	800 M Dash	/
Disc Golf	1500 M Dash	
Football Throw	1500 M Power Walk	<u>Bowling</u>
Fun Walk	5K Power Walk	Singles
Golf	Discus	Doubles: (Partner/Age)
Mini Golf	Running Long Jump	/
Horseshoes	Standing Long Jump	Mixed Doubles:
Shuffleboard	Shot Put	/
Softball Throw	5K Road Race	
Team Basketball (TBA)	10K Road Race	<u>Tennis</u>
5K Cycling		Singles
10K Cycling	<u>Pickleball</u>	Doubles: (Partner/Age)
1 Mile Cycling	Singles	/
1 Mile Recumbent Bike	Doubles (Partner/Age)	
5K Recumbent Bike		//
10K Recumbent Bike	Mixed Doubles	//
Table Tennis	/	Swimming
Singles	//	50 Yd Back Stroke
Doubles (Partner/Age)		50 Yd Breast Stroke
/		50 Yd Butterfly
Mixed Doubles		50 Yd Free
/		

Please PRINT clearly.

Name:

(First)

(Last)

SILVERARTS

Please indicate the events in which you would like to participate. A maximum number of two pieces per sub-category will be allowed. Entries from previous years are not eligible and will not be accepted. Registration Deadline: March 8, 2024.

(MI)

Visual Arts

____ Acrylics

____ Drawing

____ Watercolor

___ Oil

Heritage Arts

- ____ Basket Weaving
- ____ Crocheting
- ____ Jewelry
- ____ Knitting
- ____ Needlework
- ____ Pottery (thrown)
- ____ Pottery (hand built)
- ___ Quilting (by hand)
- ____ Quilting (machine)
- ____ Stained Glass
- ____ Tole Painting
- ____ Weaving
- ____ Woodcarving
- ____ Wood Turning
- ____ Woodworking
- ___ Other

Title of Heritage Arts

Pieces

1._____ 2.

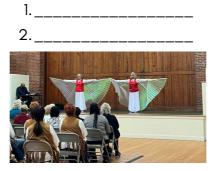
___ Pastels ____ Sculpture Mixed Media Title of Visual Arts Pieces ____ Vocal 2.____ Literary Arts ____ Essay (non

____ Photography (film)

____ Photography (digital)

- autobiographical) ____ Poem
- ____ Life Experience
- ____ Short Story

Title of Literary Piece



Performing Arts

- Choose one of the categories below and answer the following related questions: ___ Cheerleading
- ____ Comedy/Drama
- ___ Dance
- ____ Line Dance
- ____ Instrumental

1. _____ Name of Group/Act

Name of Accompanist

Number of People in Group

Title of Piece

REMINDER: ALL SUBMITTED PIECES MUST BE TITLED.



	Please PRIN	a clearly.	
Name:			
(First)	(MI)	(Last)	
FEE WORKSHEET			
EARLY BIRD REGISTRATION (by Feb. 23, 2024)			\$15.00 = \$
ENTRY FEE (by Mar. 8, 20	024)		\$20.00 = \$
Required for <u>all</u> participants & SilverArts Showcase, & Award EVENT FEES	ls event	tation to Opening Ce	eremonies,
(Required <u>in addition to</u>			¢Γ οο and φ
Bowling		••••••	
• Golf			
• Mini Golf			\$3.00 = \$
*Bowling price is for ec			
Make checks payable to:	Your local Seni	or Center	
Date: Cash or		TOTAL AAA	

LIABILITY WAIVER

In consideration of being allowed to participate in any way in the 2024 Kerr-Tar Regional Senior Games Athletic/Sports programs, and 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 the risk, the risk of serious injury does exist; and,
- 2.1 KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3.1 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 I may be removed for negative sports conduct; and
- 4.1 am in the necessary physical condition to participate in the registered activity(ies). I authorize the staff to seek emergency medical care on my behalf if needed. I will assume all costs associated with any such treatment; and
- 5.1, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Kerr-Tar Regional Senior Games, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, volunteers, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE to the fullest extent permitted by law.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER & RELEASE, UNDERSTANDS THAT S/HE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING BELOW, & SIGNS IT VOLUNTARILY.

Signature