

MINISTRY OF PEOPLE EMPOWERMENT AND ELDER AFFAIRS

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Tel: (246) 535-1600/1610 Fax: (246) 535-1694



NATIONAL SENIOR GAMES 2023

DARTS REGISTRATION FORM

PLEASE PRINT

LAST NAME: First Name:

Middle Name: Male Female

Mailing Address:

Date of Birth (mm/dd/yyyy):// National Registration #:

Telephone: (H) (W)

(Cell) E-mail:

Is this your first time competing? Yes No, I last competed in (year)

(Please indicate the appropriate age group for Singles. Insert names for Doubles & Triple)

	40 - 49	50 - 59	60 & OVER
SINGLES:			
DOUBLES:			
DOUBLES:			
TRIPLE:			
TRIPLE:			
TRIPLE:			

In case of emergency, please contact (NAME).....

Telephone: (H).....(W).....(C).....

Do any of the following apply to you? If so please tick

Asthmatic () Hypertensive () Allergies ()

Heart Disease () Diabetic () Other ()

Are you using any medication? (Yes/No) If yes, please state the medication.

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RELEASE FORM

I **(STATE NAME)**..... am at least forty (40) years old and have registered to participate in the 2023 National Senior Games. I agree to abide by the rules of the 2023 National Senior Games and the decisions of the Games’ officials.

The Ministry of People Empowerment and Elder Affairs has my permission, (both during and any time thereafter) to use my likeness, name, voice or words in either television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of the Games and/or applying for funds to support these purposes and activities.

I declare and warrant that to the best of my knowledge and belief, I am physically and mentally able to participate in the Games. I also declare that a licensed physician has certified that I am fit to participate based on an independent medical examination and that there is no medical evidence which would prevent me from participating in the 2023 National Senior Games.

I agree that the Games’ organizers, sponsors and officials shall **NOT** be liable for any injury, loss or damage however caused which I may incur as a result of my participation in the Games or my presence at the sports venues during the competition. I hereby release the above parties from any and all such liability.

If, during my participation in the 2023 National Senior Games, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize the Ministry to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I have read this form and fully understand the provisions of this release that I am signing. I understand that by signing this document, I am saying that I agree to the provisions of this release.

.....
Signature of Participant

.....
Date