



2017 REGISTRATION FORM

READ CAREFULLY - PLEASE TYPE OR PRINT - COMPLETE ALL SECTIONS

1. Complete **REGISTRATION** information on this side of form.
2. Select events to participate in on the **SCHEDULE** side. (Reverse side of this form.)
3. Sign the **WAIVER OF LIABILITY**. *This is mandatory in order to participate.*
4. Complete the **FEE TOTAL**. (See the bottom of this form.)
5. Mail this **Registration Form** and **Payment** to the address at bottom of the form.

PLEASE CALL 636.584.4172 OR 636.231.4081 FOR ANY QUESTIONS.

AGE AS OF SEPTEMBER 9, 2017: _____ . BIRTHDATE: _____ / _____ / _____ SEX: M () F ()

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ CELL: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

T-SHIRT SIZE: (Circle One) **S** **M** **L** **XL** **2XL** **3XL** **Other** **No Shirt**

WAIVER OF LIABILITY: In consideration of my entry into competition known as The Franklin County Silver Games, Inc. I, intending to be legally bound, do hereby for myself, executors, and administrators waiver, release, and forever discharge any rights and claims for damages, including claims for loss, damages or injury to my person or property arising out of my performance of failure of performance, from and hereby agree to a waiver of liability to indemnify, save and hold harmless The Franklin County Silver Games, Inc. Committee, the owners of any site of any competition I may be participating in, their agents, representative, for my health, safety or any injury resulting from my preparation or participation in The Franklin County Silver Games, Inc. I consent to the use of any pictures taken during or in conjunction with the Silver Games.

Statement of Physical Capability: I have prepared myself for the events(s) which I have entered by practicing as much as possible prior to the Games. To the best of my knowledge and belief, I have no physical restriction that would prohibit my participation in any and all event(s).

Consent of Medical Treatment: The Franklin County Silver Games, Inc. has my permission to have a physician or nurse attend me if it is deemed necessary during my participation and, consents to any first-aid, medical treatment or surgery deemed necessary in case of an emergency.

THE WAIVER OF LIABILITY MUST BE SIGNED HERE IN ORDER TO PARTICIPATE!

Signed: _____ Date: _____ / _____ / _____

**We DO NOT accept any Registrations after August 26, 2017. (We go by the Postmark Dates.)
NO ON-SITE REGISTRATION. ALL FEES ARE NON-REFUNDABLE.**

| | Registration Fee: | FEE TOTAL | |
|--|-------------------|-----------|---|
| Registration | \$ 15.00 | | NO ALCOHOLIC BEVERAGES. NO FOUL LANGUAGE USED AT ANY VENUE/EVENT |
| Late Registration (August 1 to August 26, 2017) | \$ 25.00 | | |
| Select Activities Fee (additional charges to Registration): | | | |
| Bowling | \$ 7.00 | | FOR OFFICIAL USE ONLY Registration #: _____ Check #: _____ CK Amt.: \$ _____ Fee TTL: \$ _____ Donation: \$ _____ |
| Golf | \$ 25.00 | | |
| LUNCHEON: \$5 per Participant | \$ 5.00 | | |
| LUNCHEON: \$10 per Guest | \$ 10.00 | | |
| Power Volleyball | \$ 12.00 | | |
| Sporting Clays (Gun Rental Available at location) | \$ 18.50 | | |
| DONATION TO THE SILVER GAMES | \$ - | | |
| Total Enclosed: | | \$ _____ | How did you hear about this event? |
| Make checks and/or money orders to: The Franklin County Silver Games, Inc. Mail to: The Franklin County Silver Games, Inc., P.O. Box 7, Union, MO 63084 | | | |
| www.franklincosilvergames.com | | | Is this your first time participating? Y / N (Circle one.) |

REGISTRATION - SCHEDULE



Mark an "X" next to the events(s) you wish to enter. *When selecting your events, watch for any scheduling conflicts with what you have selected.*

The SCHEDULE is listed in the order of calendar date first and then the time of the event.

Participant can only play with one partner per event. (For Example: You can have one partner in Same Sex Doubles and another partner in Mixed Doubles, but you cannot have another partner in Same Sex or Mixed Doubles in a different age bracket.)

NOTE: Each Tennis Participant must bring (1) can of NEW Tennis Balls per Tennis Event Registered.

SATURDAY, SEPTEMBER 9, 2017

Tennis: Singles - Mens or Womens 8:00AM

Water Volleyball (Ages: 50-64) 8:00AM
(Water Volleyball entries must be filled in on Team Roster Form.)

Team Name: _____

Tennis: Doubles - Mens or Womens 9:00AM

Partner: _____

Tennis: Mixed Doubles - Men & Women 10:00AM

Partner: _____

Water Volleyball (Ages: 65+) 10:30AM

(Water Volleyball entries must be filled in on Team Roster Form.)

Team Name: _____

SUNDAY, SEPTEMBER 10, 2017

Cycling 8:00AM

Power Volleyball - Men's 10:30AM
(Power Volleyball entries must be filled in on Team Roster Form.)

Team Name: _____

Power Volleyball - Women's 10:30AM

(Power Volleyball entries must be filled in on Team Roster Form.)

Team Name: _____

Swimming 2:00PM

50 Yd Backstroke 100 Yd Backstroke

50 Yd Breaststroke 100 Yd Breaststroke

50 Yd Butterfly 100 Yd Butterfly

50 Yd Freestyle 100 Yd Freestyle

_____ 100 Yd Individual Medley

Sporting Clays 2:30PM

MONDAY, SEPTEMBER 11, 2017

Shuffleboard: Singles 7:30AM

Golf (18 holes) - St. Clair, MO 7:45AM
OPTIONAL: Add Partner's Name(s) to NOTES on bottom right.

Shuffleboard: Open Doubles 9:30AM

Partner: _____

Bocce Ball (Inside) 10:30AM

Cornhole: Doubles (Bean Bag Toss) 10:30AM

Partner: _____

Washers 10:30AM

Canasta 12:00PM

Canasta: Hand & Foot 12:00PM

TUESDAY, SEPTEMBER 12, 2017

BB Gun Target Shoot (Sitting or Standing) 7:30AM

Billiards: 8-Ball 7:30AM

Billiards: 9-Ball 9:30AM

Horseshoes 9:30AM

Bowling 10:30AM

OPTIONAL: Add Partner's Name(s) to NOTES on bottom right.

Electronic Darts 2:30PM

WEDNESDAY, SEPTEMBER 13, 2017

Track (Starts: 6:30AM) and Field (Starts: 9:00AM)

100 Meter Run Soccer Kick

200 Meter Run Nail Pounding

400 Meter Run Discus

800 Meter Run Football Throw

1 Mile Race Walk Frisbee Throw

Basketball Shooting Plug Casting

Softball Throw Shot Put

_____ Standing Long Jump

Pickleball Rating: 1 = Never Played, 2 = Beginner, 3 = Average, 4 = Really Good, & 5=Pro (Mark "your" level in the gray box.)

Pickleball: Mixed Doubles (Ages: 70+) 7:30AM

Partner: _____

Pickleball: Same Sex Doubles (Ages: 70+) 7:30AM

Partner: _____

Dominoes: Mexican Train 2:00PM

Pickleball: Mixed Doubles (Ages: 50-69) 6:00PM

Partner: _____

Pickleball: Same Sex Doubles (Ages: 50-69) 6:00PM

Partner: _____

THURSDAY, SEPTEMBER 14, 2017

Bridge 7:30AM

Pinochle: Single Deck 7:30AM

Pinochle: Double Deck 7:30AM

Dance Contests: 9:30AM

Jitterbug

Partner: _____

Polka

Partner: _____

Two Step

Partner: _____

Waltz

Partner: _____

Individual Dance: Boot Scooting Boogie

Individual Dance: Electric Slide

Individual Dance: One Step Forward

Luncheon 12:30PM

Participant (\$5) **Guest(s) (\$10)**

Guest's Name: _____

Guest's Name: _____

NOTES: List Golf or Bowling Partner's Names Here: