



**SSFA 55 + GAMES
PROVINCIAL GAMES REGISTRATION FORM**

SSFA MEMBERSHIP # _____ Year: _____

District Name: _____

PERSONAL INFORMATION

PLEASE PRINT CLEARLY

Surname: _____ Given Name: _____ District ID: _____

Birth date: _____ Age: _____ Male: _____ Female: _____
date, month, year (as of December 31, year of games)

Address: _____ City/Town: _____

Postal Code: _____ Phone Number: _____ E-Mail address: _____

REGULAR CURLING FOR PROVINCIAL GAMES: _____

Age Category: _____ (men's, womens, or mixed)
(55+ or 65+ based on rulebook)

Team Players' Names _____

Please answer the following question for planning purposes. Should I qualify, I wish to advance to the next level of competition (national). Yes ___ No ___

STICK CURLING FOR PROVINCIAL GAMES: Partner's Name _____

Competition open to men, women and/or mixed.

Participants may register for **either** regular curling or stick curling but not both. Rules for both competitions available online at www.ssfa.ca. Make cheques payable to SSFA Provincial 55+ Games – Curling.

Accommodations : Canora: Gateway Motel 306-563-5661 Pine Grove Motel 306-563-5493.
 Motels also available in Kamsack, Sturgis, Good Spirit Lake, Yorkton, Preeceville.

Revised November 2011

PLEASE COMPLETE THE INFORMATION ON THE REVERSE SIDE AND SIGN THE DOCUMENT

SSFA – 55+ GAMES

MEDICAL INFORMATION:

Medical information is confidential and you are required to complete the “Participant’s Health Form” provided to you and carry it during the district and provincial games in your name tag or pocket.

SSFA – 55+ GAMES

The registrant acknowledges that:

1. He/she is fully aware of all risks associated with participation in the activities contemplated by this application including special risks to his/her physical conditions.
2. He/she understands the conditions under which the said activities will occur as outlined, proposed, and described by the Games Committee.
3. And he/she desires to participate under the conditions that affect the activities and in the knowledge that loss, damage or injury may occur at his/her own risk.

In consideration of the right to participate in the said activities, the Registrant does for himself/herself and his/her heirs, executors and administrators hereby accept all losses, injuries and damages arising there from and agrees not to institute any actions or make any claims against any SSFA Committees leading to the district or provincial games, or any committees, organizations or volunteers acting on behalf of same in respect of these games, and the Registrant hereby waives and releases all such claims against the said persons, associations, corporation and hereby agrees to indemnify and save harmless same against all loss, damages or costs which such person, association, corporation of City may hereafter incur, suffer or be required to pay arising out of the Registrant’s participation in the said games.

SIGNATURE OF PARTICIPANT _____ **DATE:** _____

AUTHORIZATION TO USE WRITTEN MATERIALS/PHOTOGRAPHS:

I, hereby authorize the Saskatchewan Senior Fitness Association Inc. and the SSFA District committee to use, reproduce and/or publish photographs (which are described below) that may pertain to me. I understand that this material may be used in a display website and/or written publication. This authorization is continuous and may only be withdrawn by my specific withdrawal of this authorization. A photograph and/or written information will be used to promote/publicize the Saskatchewan Senior Fitness Association’s various physical, intellectual, social and cultural programs.

Description of Material:

Photograph(s) and/or printed material to be used to produce a display for exhibits, website, trade show and publication opportunities.

_____ **I DO NOT AUTHORIZE**

SIGNATURE

DATE