



# The 33rd Annual BUCKS COUNTY SENIOR GAMES EVENT REGISTRATION FORM

Please mark those events you wish to participate in.

**IMPORTANT!**  
Please complete  
both sides of  
this form.

NAME \_\_\_\_\_

AGE \_\_\_\_\_

*Please refer to the schedule.*

**DO NOT** sign up for events that overlap.

### PLEASE CHECK ONE

I am new to the Games.

I participated in the past.

*(Information will be used for mailing purposes only.)*

### BOWLING

**Monday, June 1, 8 AM–noon**

Brunswick Zone, Feasterville  
Average \_\_\_\_\_

### DARTS

**Tuesday, June 2, 9:30 AM**

Bensalem Senior Center, Bensalem  
 Darts, Women's Singles  
 Darts, Men's Singles  
 Darts, Mixed Doubles

### PINOCHLE

**Tuesday, June 2, 10 AM**

Pennridge Community Center, Silverdale

### BILLIARDS

**Tuesday, June 2, 9:30 AM**

Pennridge Community Center, Silverdale

### BOCCE

**Wednesday, June 3, 9 AM**

James E. Kinney Senior Center,\* Richboro

### PINOCHLE

**Wednesday, June 3, noon**

James E. Kinney Senior Center,\* Richboro

### TABLE TENNIS: SINGLES

**Wednesday, June 3, noon**

James E. Kinney Senior Center,\* Richboro

### TABLE TENNIS: DOUBLES

**Wednesday, June 3, 1:30 PM**

James E. Kinney Senior Center,\* Richboro  
Partner\*\* \_\_\_\_\_

### BILLIARDS

**Thursday, June 4, 9:30 AM**

James E. Kinney Senior Center,\* Richboro

### TRIVIA

**Thursday, June 4, 9:30 AM**

Ben Wilson Community Center, Warminster

### GOLF (Medal Play)

**Friday, June 5, 6:45 AM–2 PM**

*Rain Date: Friday, June 12*  
Fairways Golf Club, Warrington  
Tee Times for Walkers Begin at 10 AM  
Partners Names\*\* \_\_\_\_\_  
\_\_\_\_\_

*Future Senior Games Preference (Please check one):*

Medal Play or  "Shotgun"

### BOCCE

**Friday, June 5, 9:30 AM**

Middletown Senior Center, Levittown

### BRIDGE

**Friday, June 5, noon**

James E. Kinney Senior Center,\* Richboro

### TRACK & FIELD

**Saturday, June 6, 8:30 AM–noon**

Tohickon Middle School, Doylestown  
8:45 AM  Mile Run  
9:00 AM  Mile Walk  
9:30 AM  100m Run  
9:45 AM  400m Run  
9 AM–10:30 AM

Discus  Shot Put  Long Jump

*Three jumps in long jump, three throws in discus and shot put. You can come and go in this time period.*

\*Formerly known as Northampton Senior Center.

\*\*Each partner must complete his/her own Registration Form.



# The 33rd Annual BUCKS COUNTY SENIOR GAMES 2015 OFFICIAL ENTRY FORM

Mail this entire registration form to  
The Bucks County Area Agency on Aging  
by MAY 15, 2015

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Male  Female  
Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell # \_\_\_\_\_  
Are you a member of a Bucks County Senior Center? \_\_\_\_\_ If so, which one? \_\_\_\_\_  
How did you hear about this year's Senior Games? \_\_\_\_\_

**Age Group:** Please check one—

50-59  60-69  70-79  80-89  90+

**T-shirt Size:** For Games Participants ONLY.  Small  Medium  Large  XL  XXL

Do you have specific health conditions or problems that you wish to be known if you need emergency treatment?  Yes  No

If yes, explain: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**It is strongly recommended by the Senior Games Committee that you consult your Doctor in regard to practice, preparation and competition for these Games.**

**RELEASE AND WAIVER OF LIABILITY**—Must be completed by all participants.

To the best of my knowledge, I have no physical restrictions which would prohibit my participation in the events I have selected.

Since I am participating in these events voluntarily and at my own risk, I agree not to sue the County of Bucks, The Bucks County Department of Parks and Recreation, the Bucks County Area Agency on Aging, the Bucks County Foundation for Aging and all other cooperative agencies, organizations, businesses or any of their representatives for any injury or damages to me resulting from participating in the Games.

The Bucks County Senior Games representatives have my permission to arrange for medical services to attend to me if it is deemed necessary for my health, welfare and safety. I hereby consent to allow my picture or likeness to appear in any official document, sponsor advertisement, and/or exclusive television coverage of the Bucks County Senior Games in any manner incidental to my participation in the Bucks County Senior Games without compensation to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

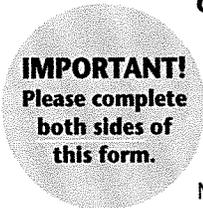
Please print your name here \_\_\_\_\_

**REGISTRATION FEE**.....\$ 5.00

**Celebration Luncheon** Thursday, June 5.

For persons age 60+ a \$2/lunch contribution  
is requested, but not required. x \_\_\_\_\_ lunch(es) \$ \_\_\_\_\_  
For persons under age 60, cost is \$4.49/lunch. x \_\_\_\_\_ lunch(es) \$ \_\_\_\_\_

**TOTAL of ENCLOSED CHECK:** \$ \_\_\_\_\_



Mail this registration form with your check payable to: **Bucks County Foundation for Aging**  
Attn.: Bill McTigue  
30 E. Oakland Avenue  
Doylestown, PA 18901

**REGISTRATION FORMS MUST BE RECEIVED NO LATER THAN Friday, MAY 15, 2015**