

NAME _____ AGE _____

Please refer to the schedule - DO NOT sign up for events that overlap.

TUES., JUNE 1 - SAT., JUNE 5

CORE CREEK PARK, Langhorne

All Day - Tennis

(Age Groups 60 & over)

CENTRAL PARK, Doylestown

All Evening - Tennis

(Age Groups 50 - 54 & 55 - 59)

Singles Doubles, Partner _____

Mixed Doubles, Partner _____

THURSDAY, JUNE 3

DELAWARE VALLEY COLLEGE, Doylestown

9:00 a.m. - Bocce, Men

10:30 a.m. - Bocce, Women

11:45 a.m. - Lunch (\$8)

1:00 - 2:00 p.m. **Talent Show (New this year!)**

I am interested in performing 

My Talent is _____

FRIDAY, JUNE 4

BRUNSWICK ZONE, Feasterville

8:00 a.m. - Bowling

Avg. _____

SATURDAY, JUNE 5

CENTRAL BUCKS WEST HS, Doylestown

9:30 a.m. - 100 m Dash

9:45 a.m. - 400 m Run

10:00 a.m. - Long Jump

10:30 a.m. - 1 mile Walk

11:00 a.m. - 1 mile Run

11:00 a.m. - Noon Discus & Shotput

12:30 p.m. - 3:00 p.m. Football/Softball Throw

Frisbee Toss/Throw

HIGH SCHOOL BUILDING

12:30 p.m. - 3:00 p.m. Darts

Basketball: Hot Shot

Basketball: Foul Shot

MONDAY, JUNE 7

FAIRWAYS GOLF CLUB, Warrington

6:30 a.m. - 1:00 p.m. Golf

Tee Times for Walkers Begin at 11:00 a.m.

Partners Names _____

TUESDAY, JUNE 8

CENTRAL BUCKS FAMILY YMCA, Doylestown

1:00 p.m. - Swimming:

50 m Breaststroke 50 m Freestyle

50 m Backstroke 200 m Freestyle

100 m Medley

25m Beginner, any style

3:00 p.m. - Stationary Bike

WEDNESDAY, JUNE 9

NORTHAMPTON TWP SENIOR CTR., Richboro

9:00 a.m. - Billiards, Men

9:30 a.m. - Table Tennis, Singles

9:30 a.m. - Pinochle

9:30 a.m. - Duplicate Bridge

10:00 a.m. - Horseshoes, Women

10:00 a.m. - Billiards, Women

11:00 a.m. - Shuffleboard, Men

12:00 noon - Box Lunch (\$8)

1:00 p.m. - Shuffleboard, Women

1:00 p.m. - Horseshoes, Men

1:00 p.m. - Table Tennis, Doubles

FRIDAY, JUNE 11

DELAWARE VALLEY COLLEGE, Doylestown

NOON - AWARDS LUNCHEON

(\$8.00 Each)

PLEASE CHECK ONE

I am new to the Games.

I participated in the past.

(Info will be used for mailing list purposes only)

Mail this entire registration form to The Bucks County Area Agency on Aging by May 3, 2010

Last Name _____ First Name _____ Male Female

Street Address _____ Apt. No. _____

City _____ State _____ Zip _____ Phone (____) _____

E-mail _____ Cell # _____

How did you hear about this year's Senior Games? _____

Would you like to be a Volunteer in 2011? _____

Age Group – Please check one

50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90+

T-shirt Size: Small Medium Large XL XXL

Do you have specific health conditions or problems that should 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 in 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, 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: \$ 10.00
\$5 Late Fee After May 3
Lunch Thursday, June 3
\$8 x number of lunches () = \$
Lunch Wednesday, June 9
\$8 x number of lunches () = \$
Lunch Friday, June 11
\$8 x number of lunches () = \$

TOTAL of ENCLOSED CHECK \$ _____

****New This Year ****

Former participants: Bring a friend for a 50% discount

Name of new participant _____
Include friend's registration with \$15.00 to cover both entries and mail to address below.



Make your registration check payable to: Bucks County Area Agency on Aging

Mail this registration form with your check to:
ATTN: Senior Games Coordinator
The Bucks County Area Agency on Aging
30 E. Oakland Avenue
Doylestown, PA 18901

REGISTRATION FORMS MUST BE RECEIVED
NO LATER THEN MAY 3, 2010