



ONSLOW SENIOR GAMES

APRIL 13 – APRIL 24, 2010

(PLEASE PRINT CLEARLY) - DEADLINE TO ENTER - MARCH 29, 2010

NAME: _____ MALE: ___ FEMALE: ___

ADDRESS: _____ Phone _____
street city zip

E-mail: _____ DATE OF BIRTH: _____ AGE: _____

Must be 55 by 12/31/10

T-SHIRT: CIRCLE ONE Med. Large X-Large XX XXX (Shirts for the first 250 registrants)

TUESDAY, APRIL 13

PICKLEBALL (not offered at State Finals) 9:00 AM JACKSONVILLE COMMONS RECREATION CENTER

- () Doubles Partner (LIST 1 ONLY)
() Mixed Doubles Partner (LIST 1 ONLY)

TABLE TENNIS 11:00 AM JACKSONVILLE COMMONS RECREATION CENTER

- () Singles
() Doubles – Partner (LIST 1 ONLY) no mixed doubles

WEDNESDAY, APRIL 14

BILLIARDS: 10:00 am. RACK’M PUB AND BILLIARDS (Gum Branch – K-Mart Plaza)

- () Singles

BOWLING: 1 PM BOWLARENA (Western Blvd.)

- () Doubles - Partner (list 1 partner only) no mixed doubles

THURSDAY, APRIL 15

GOLF 9am ROCK CREEK – \$ 20.00 fee payable at course before play begins

- () Singles - USGA Scoring (no handicaps) Play in age groups 55-59; 60-64; 65-69; etc.

MONDAY, APRIL 19 ONSLOW PINES PARK TIMES - TBA Rain Date - Thursday, April 22

- () CROQUET () SHUFFLEBOARD () HORSESHOES

** Most finals for shuffleboard, horseshoes & croquet will be held on Saturday, April 24

TENNIS: 5:00 pm. ONSLOW PINES PARK

- () Singles

TUESDAY, APRIL 20

SWIMMING: 12 noon COURTS PLUS (Highway 17). 6 events maximum. * 25 yd. events not offered at state finals

- () 25 yd. Backstroke () 25 yd. Breaststroke () 25 yd. Butterfly () 25 yd. Freestyle
() 50 yd. Backstroke () 50 yd. Butterfly () 50 yd. Breaststroke () 50 yd. Freestyle
() 100 yd. Backstroke () 100 yd. Breaststroke () 100 yd. Freestyle () 200 yd. Freestyle
() 100 yd Medley () 200 yd Medley () 200 yd Backstroke () 200 yd Breaststroke () 500 yd Freestyle

RACQUETBALL: 2:30 pm COURTS PLUS (Highway 17)

- () Singles

WEDNESDAY, APRIL 21

BOWLING: 12 noon BOWLARENA (Western Blvd.)

- () Singles

TENNIS: 5:00 pm. ONSLOW PINES PARK

- () Doubles - Partner (LIST 1 ONLY)
() Mixed doubles – Partner (LIST 1 ONLY)

THURSDAY, APRIL 22 Rain make-up date for Monday, April 19th events.

SATURDAY, APRIL 24 ONSLOW PINES PARK Rain Date -Saturday, May 2

CELEBRATION OF THE GAMES – 9:00 AM

- () Silver Striders Fun Walk () Football Throw () Spin Casting
() Basketball Shooting () Softball Throw () Standing Long Jump () 100 meter Dash

- () TEAM SOFTBALL TEAM YOU PLAY ON: _____
() TEAM BASKETBALL TEAM YOU PLAY ON: _____



TRANSPORTATION IS NOT PROVIDED TO ANY ONSLOW SENIOR GAMES SITES

SCHEDULES & TIMES WILL BE MAILED TO THE INDIVIDUAL PARTICIPANTS

A participant must be a North Carolina resident for a minimum of 3 consecutive months of the year.

All 1ST, 2ND, 3RD Place finishers will be eligible to compete in the North Carolina Senior Games State Finals sponsored by the North Carolina Senior Games, Inc. State Finals will be held September – October in Raleigh, NC. **IT IS YOUR RESPONSIBILITY TO CHECK WITH YOUR LOCAL SENIOR GAMES COORDINATOR IMMEDIATELY FOLLOWING THE LOCAL SENIOR GAMES TO DETERMINE IF YOU QUALIFIED FOR STATE FINALS AND TO GET A STATE FINALS ENTRY PACKET. THE STATE FINALS ENTRY FORM MUST BE RECEIVED IN THE N.C. SENIOR GAMES OFFICE IN RALEIGH BY 5:00 PM ON AUGUST 1ST. THIS DEADLINE IS ENFORCED.**

The Onslow Senior Games is sanctioned by North Carolina Senior Games, Inc. NCSG Inc. is sponsored statewide by the North Carolina Division of Aging and Adult Services. The Onslow Senior Games Steering Committee is committed to creating a healthy and safe environment for all participants and spectators. We wish to request that each participant seriously evaluate his/her own health status and adequately prepare for competition. The Committee strongly recommends that each participant consult his/her physician prior to training for and participating in the Onslow Senior Games or any similar activity. All information is private and confidential and for Onslow Senior Games use only.

The following health information MUST BE PROVIDED in order for any individual to compete:

HEALTH INFORMATION

Please list any medication(s) you are currently taking: _____

Are you allergic to any medications? If so, what? _____

List any special health conditions/medical problems Medical Personnel should be aware of _____

Name of Physician _____ Phone _____

Insurance Company Name _____ Number _____

Person to Notify in case of Emergency

Name _____ Relation _____

Address _____ Phone _____

The following information is required by the State of North Carolina in an effort to ensure that Senior Games are reaching everyone possible. All information is confidential.

Ethnicity: African- American _____ American Indian _____ Hispanic _____ White _____ Other _____

My annual household income is less than \$ 11,000 (1 person in home) _____ check if yes

My annual household income is less than \$ 16,000 (2 people in home) _____ check if yes

Decline to respond _____

AUTHORIZATION AND RELEASE

I hereby agree to participate in ONSLOW SENIOR GAMES. By this authorization, I hereby approve of the program and accept the facilities, equipment, supervision, and event managers/personnel as being satisfactory for the above named program. I have been given the opportunity to inspect the premises and equipment and have talked with the coordinator/supervisor or waive the right to do so. I understand that immediately prior to any activity involved in the program named herein above, I have the right to inspect the facilities or equipment and will notify the coordinator/supervisor or the County of any objections to the supervision, instruction, facilities or equipment used in connection therewith. I hereby release and hold harmless the County of Onslow, the Onslow County Parks & Recreation Department, Onslow County Senior Services, the City of Jacksonville, the Jacksonville Recreation and Parks Department, and all program sponsors and any of their agents or representatives from and against any and all claims and liability and causes of action at law for loss, damage, or injury (including death) to persons and/or property which would or could be based on the qualification of the supervision or adequacy of the supervision, facilities, or equipment used in the program named above. I have prepared myself for the events for which I have entered by practicing prior to the Onslow Senior Games. To the best of my knowledge and belief, I have no physical restrictions that would prohibit my participation in the events I have selected. I have been advised that it would be in the best interest to consult my physician prior to my preparation for and participation in the Onslow Senior Games. The Department has my permission to have a physician attend me if it is deemed necessary. I, the undersigned participant, grant to the Department the right to use any pictures taken of me during the Onslow Senior Games, without remuneration.

Participant Signature: _____ Date: _____

Complete this form and mail to: Onslow County Parks & Recreation Department
1244 Onslow Pines Rd.
Jacksonville, NC 28540
Telephone: (910) 347-5332
Fax: (910) 347-4492

ENTRY FORM DEADLINE: MONDAY MARCH 29, 2010