

2009 Good Life Games Team Registration Form

PLEASE PRINT

TEAM NAME _____

AGE GROUP 50-54 55-59 60-64 65-69 70-74 75+ (DETERMINED BY THE AGE OF THE YOUNGEST PLAYER)

EVENT INFORMATION:

BASKETBALL 3 ON 3 / MEN'S & WOMEN'S DIVISIONS SAT. 3/21 ENTRY DEADLINE: FRI. 2/13 CHECK-IN: 12:30PM EVENT TIME: 1:00PM

Florida State Senior Games Qualifier: YES
 LOCATION: The Long Center, 1501 N Belcher Rd CLW 33765 DIR: Walt Deal PH: 727-441-9463

SOFTBALL / WOMEN'S DIVISION SUN. 3/22 ENTRY DEADLINE: FRI. 2/13 CHECK-IN: 8:00AM EVENT TIME: 9:00AM

Florida State Senior Games Qualifier: YES
 LOCATION: Eddie Moore Complex, 100 McMullen Booth Rd CLW
 DIR: Betti Garnett EMAIL: SOFTBALL2EAG@AOL.COM PHONE 727-459-5613

VOLLEYBALL / MEN'S & WOMEN'S DIVISIONS THURS. 3/19 ENTRY DEADLINE: FRI. 2/13 CHECK-IN: 7:30AM EVENT TIME: 8:00 AM

Florida State Senior Games Qualifier: YES
 LOCATION: THE LONG CENTER, 1501 N BELCHER RD CLW 33765 DIR: Walt Deal PH: 727- 441-9463

FOR EVENT RULES AND FORMAT INFORMATION: LOG ONTO OUR WEB SITE AT WWW.GOODLIFEGAMES.ORG OR CONTACT THE EVENT DIRECTOR.

EVENT	# OF PLAYERS	FEE	SUB-TOTAL FEE
BASKETBALL 3 on 3 - <input type="checkbox"/> MEN'S <input type="checkbox"/> WOMEN'S (Max# 10)		\$40.00	
SOFTBALL - <input type="checkbox"/> WOMEN'S (Max# 20)		\$100.00	
VOLLEYBALL - <input type="checkbox"/> MEN'S (Max# 10)		\$15.00 EACH PLAYER	
VOLLEYBALL - <input type="checkbox"/> WOMEN'S (Max# 10)		\$15.00 EACH PLAYER	
ADDITIONAL T-SHIRT(S)		\$5.00EACH	
ADDITIONAL T-SHIRT SIZES <input type="checkbox"/> Small # _____ <input type="checkbox"/> Medium # _____ <input type="checkbox"/> Large # _____ <input type="checkbox"/> X-Large # _____ <input type="checkbox"/> 2X-Large # _____		TOTAL	

REGISTRATION MUST BE POSTMARKED NO LATER THAN February 13, 2009

MAKE CHECKS PAYABLE TO: THE GOOD LIFE GAMES

**MAIL TO: THE GOOD LIFE GAMES, THE LONG CENTER, 1501 N BELCHER RD, CLEARWATER, FL 33765 •
 727.669-1361 ext 233**

I know that participating in the Good Life Games is a potentially hazardous activity. I understand that the Good Life Games, Inc. organization is not aware of the extent of my training or physical condition and that no medical examination will be conducted. I should not enter and participate unless I am medically able and properly trained. I have no physical restrictions that would prohibit my participation in the events I have selected. My physician is aware of my intention to participate in the Good Life Games. I assume all risks associated with participating in events I have entered including, but not limited to, falls, contact with other participants, effects of weather, including high heat and/or humidity, traffic and the condition of the facilities, all such risks being known and appreciated by me. Having read this release and knowing these facts, and in consideration of your accepting this entry, I, for myself, my heirs, and everyone entitled to act on my behalf, waive, discharge, release and covenant not to sue the Good Life Games organization, its respective administrators, directors, agents, coaches, other participants, sponsoring agents, sponsors, advertisers and owners and lessees of premises used to conduct the events, all of which are hereinafter referred to as a "releasees'," from any and all liability of any kind, including but not limited to death or damage to property caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

If I should incur injury or illness during the competition, I give my permission for the event officials to transport me to a medical facility for treatment.

I consent to allow my picture or likeness to appear in any media coverage or Good Life Games printed materials, in any manner incidental to my participation in the Good Life Games, and without compensation to me.

I understand that entry fees are non-refundable after stated Event Deadline.

BY MARKING THE , I SIGNIFY THAT HAVE READ AND AGREE TO THIS WAIVER/RELEASE .

OFFICE USE ONLY: DATE RECEIVED _____ T-SHIRT Small # _____ Medium # _____ Large # _____
 CHECK # _____ AMOUNT _____ INITIALS _____ X-Large # _____ 2X-Large # _____ 3X-Large # _____
 ENTERED BY _____ DATE ENTERED _____ 4X-Large # _____

PLAYER 1—TEAM CAPTIAN / MANAGER		PLAYER 2	
Last/First Name		Last/First Name	
Address		Address	
City/State/Zip		City/State/Zip	
Phone		Phone	
Email		Email	
Birthdate MM/DD/YY		Birthdate MM/DD/YY	
Age as of December 31, 2009		Age as of December 31, 2009	
EMERGENCY CONTACT Name		EMERGENCY CONTACT Name	
Phone		Phone	
<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER		<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER	
T-SHIRT SIZE_____		T-SHIRT SIZE_____	
PLAYER 3		PLAYER 4	
Last/First Name		Last/First Name	
Address		Address	
City/State/Zip		City/State/Zip	
Phone		Phone	
Email		Email	
Birthdate MM/DD/YY		Birthdate MM/DD/YY	
Age as of December 31, 2009		Age as of December 31, 2009	
EMERGENCY CONTACT Name		EMERGENCY CONTACT Name	
Phone		Phone	
<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER		<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER	
T-SHIRT SIZE_____		T-SHIRT SIZE_____	

PLAYER 5		PLAYER 6	
Last/First Name		Last/First Name	
Address		Address	
City/State/Zip		City/State/Zip	
Phone		Phone	
Email		Email	
Birthdate MM/DD/YY		Birthdate MM/DD/YY	
Age as of December 31, 2009		Age as of December 31, 2009	
EMERGENCY CONTACT Name		EMERGENCY CONTACT Name	
Phone		Phone	
<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER		<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER	
T-SHIRT SIZE_____		T-SHIRT SIZE_____	
PLAYER 7		PLAYER 8	
Last/First Name		Last/First Name	
Address		Address	
City/State/Zip		City/State/Zip	
Phone		Phone	
Email		Email	
Birthdate MM/DD/YY		Birthdate MM/DD/YY	
Age as of December 31, 2009		Age as of December 31, 2009	
EMERGENCY CONTACT Name		EMERGENCY CONTACT Name	
Phone		Phone	
<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER		<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER	
T-SHIRT SIZE_____		T-SHIRT SIZE_____	

PLAYER 9	PLAYER 10 BASKETBALL 3 on 3 (MAX)
Last/First Name	Last/First Name
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Email	Email
Birthdate MM/DD/YY	Birthdate MM/DD/YY
Age as of December 31, 2009	Age as of December 31, 2009
EMERGENCY CONTACT Name	EMERGENCY CONTACT Name
Phone	Phone
<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER	<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER
T-SHIRT SIZE_____	T-SHIRT SIZE_____
PLAYER 11	PLAYER 12
Last/First Name	Last/First Name
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Email	Email
Birthdate MM/DD/YY	Birthdate MM/DD/YY
Age as of December 31, 2009	Age as of December 31, 2009
EMERGENCY CONTACT Name	EMERGENCY CONTACT Name
Phone	Phone
<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER	<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER
T-SHIRT SIZE_____	T-SHIRT SIZE_____

PLAYER 13		PLAYER 14	
Last/First Name		Last/First Name	
Address		Address	
City/State/Zip		City/State/Zip	
Phone		Phone	
Email		Email	
Birthdate MM/DD/YY		Birthdate MM/DD/YY	
Age as of December 31, 2009		Age as of December 31, 2009	
EMERGENCY CONTACT Name		EMERGENCY CONTACT Name	
Phone		Phone	
<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER		<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER	
T-SHIRT SIZE_____		T-SHIRT SIZE_____	
PLAYER 15		VOLLEYBALL (MAX)	
Last/First Name		Last/First Name	
Address		Address	
City/State/Zip		City/State/Zip	
Phone		Phone	
Email		Email	
Birthdate MM/DD/YY		Birthdate MM/DD/YY	
Age as of December 31, 2009		Age as of December 31, 2009	
EMERGENCY CONTACT Name		EMERGENCY CONTACT Name	
Phone		Phone	
<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER		<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER	
T-SHIRT SIZE_____		T-SHIRT SIZE_____	

PLAYER 17	PLAYER 18
Last/First Name	Last/First Name
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Email	Email
Birthdate MM/DD/YY	Birthdate MM/DD/YY
Age as of December 31, 2009	Age as of December 31, 2009
EMERGENCY CONTACT Name	EMERGENCY CONTACT Name
Phone	Phone
<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER	<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER
T-SHIRT SIZE_____	T-SHIRT SIZE_____
PLAYER 19	PLAYER 20 SOFTBALL (MAX)
Last/First Name	Last/First Name
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Email	Email
Birthdate MM/DD/YY	Birthdate MM/DD/YY
Age as of December 31, 2009	Age as of December 31, 2009
EMERGENCY CONTACT Name	EMERGENCY CONTACT Name
Phone	Phone
<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER	<input type="checkbox"/> I would like to Volunteer <input type="checkbox"/> READ WAIVER
T-SHIRT SIZE_____	T-SHIRT SIZE_____