



2012 HEARTLAND GAMES FOR ACTIVE ADULTS

MARCH 1 – 31, 2012

REGISTRATION FORM



ELIGIBILITY/AGE DIVISIONS	IMPORTANT EVENT INFORMATION
<p>Events are open to amateur athletes age 50 years and older as of December 31, 2012. Age categories are as follows (please circle one).</p> <p>50-54 55-59 60-64 65-69 70-74 75-79</p> <p>80-85 85-90 90 and above</p>	<p>Registration Due: February 23, 2012</p> <p>CRN#: 20787</p> <p>Registration Fee: \$15</p>
SHIRT SIZE (PLEASE CIRCLE ONE)	GENDER
<p>S M L XL 2X 3X</p>	<p>Gender: Female <input type="checkbox"/> Male <input type="checkbox"/></p>
PLEASE SELECT GAMES/EVENTS	STUDENT INFORMATION (PLEASE PRINT)
<p>BASKETBALL <input type="checkbox"/> Free Throw <input type="checkbox"/> Spot Shooting <input type="checkbox"/> Timed Field Goal</p> <p>BOWLING <input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Mixed Doubles</p> <p>Partner Name: _____ Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p><i>* \$7.50 payable to Coz's Sports Bar & Bowl (tax not included)</i></p> <p>TABLE TENNIS <input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Mixed Doubles</p> <p>Partner Name: _____ Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p>SHUFFLEBOARD <input type="checkbox"/> Singles <input type="checkbox"/> Doubles</p> <p>Partner Name: _____ Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p>BEACH VOLLEYBALL <input type="checkbox"/></p> <p>HORSESHOES <input type="checkbox"/></p> <p>BILLIARDS <input type="checkbox"/> <i>* \$2.00 payable to Cue Time Billiards</i></p> <p>GOLF <input type="checkbox"/> <i>* \$20.00 payable to City of Sebring for cart and green fee</i></p> <p>PICKLEBALL <input type="checkbox"/> Doubles <input type="checkbox"/> Mixed Doubles</p> <p>Doubles Partner Name: _____ Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p>Mixed Doubles Partner Name: _____ Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p>TENNIS <input type="checkbox"/> Singles <input type="checkbox"/> Doubles <input type="checkbox"/> Mixed Doubles <i>*Max 2 Events</i></p> <p>Doubles Partner Name: _____ Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p>Mixed Doubles Partner Name: _____ Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p>TRACK & FIELD <input type="checkbox"/> 100M <input type="checkbox"/> 200M <input type="checkbox"/> 400M <input type="checkbox"/> 800M <input type="checkbox"/> 1500M</p> <p><input type="checkbox"/> Long Jump <input type="checkbox"/> High Jump <input type="checkbox"/> Discus <input type="checkbox"/> Shot Put <input type="checkbox"/> 5K Run</p> <p>SWIMMING (Freestyle) <input type="checkbox"/> 50M <input type="checkbox"/> 100M <input type="checkbox"/> 200M <input type="checkbox"/> 500M</p> <p>SWIMMING (Breaststroke) <input type="checkbox"/> 50M <input type="checkbox"/> 100M <input type="checkbox"/> 200M</p> <p>CYCLING <input type="checkbox"/> 5K Time Trial <input type="checkbox"/> 10K Time Trial</p> <p>RECUMBENT <input type="checkbox"/> 5K Time Trial <input type="checkbox"/> 10K Time Trial</p>	<p>SFCC ID Number (GID): _____</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Date of Birth: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____</p> <p>Email Address: _____</p>
PLEASE SELECT METHOD OF PAYMENT:	
<p><i>PAYMENT MUST BE SENT IN WITH THE REGISTRATION FORM</i></p> <p><input type="checkbox"/> My check in the amount of \$ _____ is enclosed. <i>*Make checks payable to: South Florida Community College</i></p> <p><input type="checkbox"/> Please charge my credit card (Discover, VISA, MC) \$ _____</p> <p>Print name as it appears on credit card: _____</p> <p>Credit Card Number: _____</p> <p>3 digit security code on back of card: _____</p> <p>Expiration Date: ____ / ____</p> <p>Signature: _____</p>	
<p>MAIL REGISTRATION FORM TO:</p> <p>South Florida Community College Attention: Lauren Redick, Community Education 600 West College Drive Avon Park, FL 33825</p> <p>FAX REGISTRATION FORM TO:</p> <p>863-784-7355 Attention: Lauren Redick, Community Education</p>	

NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION AND USE: In compliance with Florida Statute 119.071(5), South Florida Community College issues this notification regarding the purpose of the collection and use of your Social Security number. SFCC collects your Social Security number for use in performance of the college's duties and responsibilities. To protect your identity, SFCC will secure your Social Security number from unauthorized access. SFCC will never release your Social Security number to unauthorized parties, and each student at SFCC will be issued a unique student identification number. Your unique student identification number is used for all educational purposes at South Florida Community College including registration, access of your online record, etc. Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report the Social Security number of all postsecondary students to the Internal Revenue Service (IRS). This IRS requirement makes it necessary for community colleges to collect the Social Security number of every student. A student may refuse to disclose his/her Social Security number to the college, but refusing to comply with the federal requirement may result in fines established by the IRS. In addition to the federal reporting requirements, the public school system in Florida uses the Social Security number as a student identifier. This use is authorized in Florida Statute 229.559 and in School Code Section 1008.386. In a seamless K-20 educational system, it is beneficial for postsecondary institutions to have access to the same information for purposes of tracking and assisting students in the transition from one educational level to the next. All Social Security numbers are protected by federal regulations and are never released to unauthorized parties.

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Heartland Senior Games program, its related events and activities:

I, ACKNOWLEDGE, UNDERSTAND, DECLARE, APPRECIATE, AND AGREE THAT there is **SIGNIFICANT RISK OF INJURY** that could result from my participation in Heartland Senior Games and its related activities, including the potential for disability, permanent paralysis, death, loss or damage to myself or my property, other consequences and other risks, both known and unknown or not reasonably foreseeable.

I, UNDERSTANDING THE ABOVE, KNOWINGLY AND FREELY ASSUME ALL RESPONSIBILITY AND RISKS, which might result not only from my own actions, inaction or negligence but also the actions, inaction or negligence of Heartland Senior Games or others, the rules of play, the conditions of the premises or of any equipment used, or travel en route to and from the events and activities.

I AGREE TO COMPLY WITH THE STATED AND CUSTOMARY TERMS AND CONDITIONS FOR PARTICPATION. If, however, I observe any hazard or any unsafe facility or equipment prior to or during my participation, I will immediately bring such to the attention of the personnel of Heartland Senior Games and either decline to participate or **ASSUME THE RISK** of my participation.

I, for myself, and for my executors, administrators, personal representatives, assigns, heirs, and next of kin, DO HEREBY, RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY, AND COVENANT NOT TO SUE Heartland Senior Games, Inc., South Florida Community College, its employees, volunteers, officers, directors, officials, sponsors, sponsoring agencies, advertisers, promoters, any owner or lessee of premises used, other participants, affiliated businesses, organizations, municipalities, governmental agencies, the Florida Senior Games State Championships, the Florida Sports Foundation, and all respective personnel and any other individuals or organizations affiliated with Heartland Senior Games, **FROM ANY AND ALL DEBTS, OBLIGATIONS, AND LIABILITY FOR INJURY, DISABILITY, DEATH, LOSS, OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCES TO THE FULLEST EXTENT PERMITTED BY LAW.**

I CONSENT TO EMERGENCY MEDICAL TREATMENT as may be deemed appropriate by medical personnel or personnel associated with Heartland Senior Games.

I AGREE THAT I will allow my photograph, picture or likeness and/or voice to appear in any official documentary, promotion (including any and all advertisements), and television, radio, or film coverage without compensation.

I HAVE READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Participant's Name (print) _____

Participant's Signature _____ Date _____