



**ONTARIO SENIOR GAMES ASSOCIATION**  
**2015 Summer Games — Doubles Tennis Registration Form**  
**Niagara Region District 24 Tournament**  
**Thursday, June 4 to Saturday, June 6**  
**Hosted by Welland Tennis Club**

**Entry Deadline: Friday, May 22**

[For Welland Tennis Club general information and driving directions click here](#)

For Tournament Information Contact Bill Sawchuk at 905 892-6609 or e-mail [william.sawchuk@sympatico.ca](mailto:william.sawchuk@sympatico.ca)

**Participant Information:**

Name		My Age Category as of December 31, 2015 will be:		
		55+	65+	75+
Address			Postal Code	
Telephone	E-mail			

Participants may register in either one or two Divisions. Please check below and enter your Tennis Partner's name.

Division			Tennis Partner's Name
Men	Women	Mixed	
			<b>Both Partners must submit a Registration Form</b>

**Entry Fee:** \$30 to play in one Division or \$40 to play in two Divisions, includes \$10 OSGA Membership Fee.

If you are a current OSGA Member, deduct \$10. OSGA event previously registered for: \_\_\_\_\_

Make cheque payable to **OSGA District 24**

and mail with fully completed and signed Form (for each Tennis Partner) to:

**William Sawchuk**  
**Box 149**  
**Fonthill ON L0S 1E0**

**Affirmation of Qualification to Participate, Liability Waiver and Authorizations:**

1. I do hereby affirm that I know and understand the eligibility rules for the events in which I am participating, and I qualify for all the events in which I have entered and intend to participate.
2. Personally and on behalf of my heirs, executors, administrators and assigns, I hereby release and forever discharge the Ontario Senior Games Association, the appropriate Ministries of Ontario, Sport Alliance Ontario, all Ontario Municipalities and Counties, all sponsors, organizers and volunteers of Niagara Region (District 24) and their respective officers, directors, agents, representatives or successors from any and all claims or demands that I have or my heirs, executors, administrators, assigns or any third party may have for personal injuries and property damage of any nature whatsoever, arising by reason of my participation at any level of the Ontario Senior Games Program.
3. I authorize the Ontario Senior Games Association and Niagara Region (District 24) to have such care as may be required for me provided by medically qualified personnel during my participation in any event of the Ontario Senior Games Association.
4. I authorize the Ontario Senior Games Association and Niagara Region (District 24) to use my likeness in any marketing and promotional photography and imagery without prior notification and waive any compensation.

My signature below confirms that I have read, understood and accept the above statements; and further, that I attest and verify that I have full knowledge of the risks involved and that I am physically fit and able to participate in the said events.

Date: \_\_\_\_\_ Participant Signature \_\_\_\_\_