



www.serviceclubofandover.org



Massachusetts Knights of Columbus

REGISTRATION & RELEASE FORM

The Service Club of Andover and the Massachusetts Knights of Columbus are proud to sponsor the **2017 Special Field Games**. The Games are being held on Saturday, September 23, 2017 at the Northern Essex Community College Fields, Haverhill Campus, 100 Elliot Street, Haverhill, MA. This will be the 37th year for the games. Registration begins at 8:30 am. **The forms must be returned no later than September 10, 2017.** If you have any questions please contact Kellie Martin at 603-893-6954 or martinph@comcast.net. **(Please note any group homes that attend must have a staff member stay on location.)**

Athlete's Name _____

Address _____

City _____ State _____

Zip Code _____

Telephone _____

Date of Birth _____ Age _____

Are you allergic to any foods? _____

I, the undersigned parent or guardian of the above-named **Athlete** (Hereafter referred to as the entrant), request permission for the entrant to compete in the Special Field Games – SFG on **Saturday, September 23, 2017**. I represent and warrant to the Service Club of Andover and The Massachusetts Knights of Columbus that the entrant is physically and mentally able to compete in the games.

I _____ (Entrant), or if Entrant is under age eighteen (18),
_____, the undersigned guardian of _____,

do hereby consent to his/her participation in **2017 Special Field Games** and do forever release, acquit, discharge, and covenant to hold harmless The Service Club of Andover and/or The Massachusetts Knights of Columbus from any and all action, causes of action, and claims on account of or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have, and also all claims or right of action for damages which said Entrant may acquire, either before or after he/she has reached majority resulting from his/her participation in **2017 Special Field Games**.

RELEASE & REGISTRATION FORM

On behalf of the entrant and myself, I hereby release the sponsors from any liability in permitting the likeness, voice and works of the entrant in television, radio, films, newspapers, websites and other media and in any form not heretofore described for the purpose of advertising or communicating the purposes and activities of such an event.

Are you your own guardian? Yes ___ No ___

If Yes, just sign below - If No, please complete and have signed.

Signature of parent or guardian: _____

Print Full Name: _____

Address: _____

City, State, Zip: _____

Telephone # to reach you in case of an emergency: _____

Is there any info we need to know: _____

E-mail if available: _____

Comments / Notes:

Shirt Size (circle) **Youth** - Small, Medium, Large

Adult - Small, Medium, Large, XL, 2X, 3X

Does Athlete need a One-on-one/Coach? Yes ___ No ___

(We will provide volunteer One-on-one/Coaches if needed, if not, and you wish to provide your own, please state

Name(s) _____ Shirt Size ___

Do you use these devices? Wheelchair ___ Walker ___ Cane ___ Guide ___

Please check **three** scheduled events you would like to participate in:

___ 25 yd dash

___ 50 yd dash

___ 100 yd dash

___ 300 yd dash

___ Soccer Ball Kick

___ Tennis Ball Toss

___ Frisbee Toss

___ Ball in the Box

___ Wheelchair Race

___ Wheelchair Turtle Pull

Registration begins at 8:30 am at the Northern Essex Community College field in Haverhill, MA. The opening parade will start at 9:45 and the games at 10 am. We are requesting a \$5.00 fee for lunch from each person attending this event for the day. If you are bringing your own lunch there will be no fee but you must inform us. Please list ALL family members and friends coming with you, name, address, telephone & email if they have one.

Enclosed is check # _____ in the amount of \$ _____ for Total # of people _____

Check made payable to: The Service Club of Andover

Registration & Release Forms, **completed and signed** must be returned by September 6, 2017 to Kellie Martin. If you are just receiving this form and have no time to return by mail, call **Kellie Martin** 603-893-6954 with shirt size, name, address, telephone # and email. Sign and bring these release papers with you. If it is later than September 6, definitely call Kellie.... Thank you, Do not hesitate to call with any questions.

Kellie Martin, 6 Meridian Drive, Salem, NH 03079