

**DISTRICT 17 – ETOBICOKE YORK OSGA  
55+ DODGEBALL OPEN INVITATIONAL  
REGISTRATION FORM**



**Thursday April 2, 2020  
Etobicoke Olympium (590 Rathburn Road)**

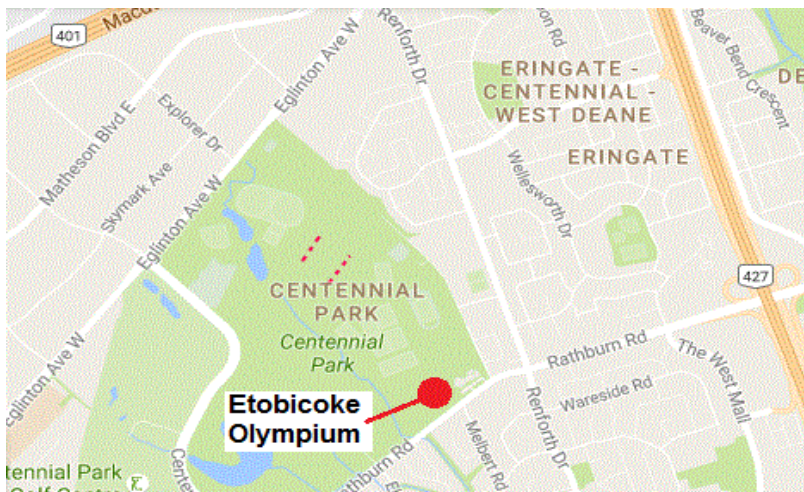
**District** \_\_\_\_\_

**Team Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**General Information:**

1. Information for all District participants must be submitted together. Deadline for receiving applications is Thursday March 19, 2020.
2. Team Payment of \$30.00 by cheque must accompany District registration application.
3. Cheques are made out to the Etobicoke 55+ Sports & Games Committee.
4. Application and payment submitted to:  
New Toronto Seniors Centre  
C/O John Salajka  
105 Fourth Street  
Toronto, ON M8V 2Y4  
Email: etobicokeyork55seniorgames@gmail.com
5. A maximum of 8 teams per tournament.
6. Once availability is full, teams submitting applications will be put on a waitlist and will be notified if a spot becomes available.
7. Teams are to consist of minimum 4 players to a maximum of 6 players. Districts must have a minimum of 1 female on the playing court. Four players will compete in each game. Substitutions may occur after each individual game.
8. All players must be paid OSGA members for the term of April 1, 2020 to March 31, 2021.
9. Registration Check in 11:15am. Draw for grouping will be held on April 2<sup>nd</sup> at 11:30am.
10. Light refreshments will be available.
11. Access to change rooms and showers on the main floor will be available.
12. There is free parking.



**Coming from the West:**

Take the 401 E to the Renforth Drive Exit. Turn Right onto Renforth Drive. Turn Right onto Rathburn Rd.

**Coming from the East:**

Take the 401 W to the 427. Then take the 427 S to the Holiday Drive Exit. Turn Right onto The West Mall. Make a Left onto Rathburn Rd.

**Participant 1: Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Gender: Male \_\_\_\_ / Female \_\_\_\_ Birth Year: \_\_\_\_\_ (Participants must be 55 years old prior to December 31, 2020)

Paid OSGA 2020 Membership: Yes or No Signed OSGA Liability Waiver: Yes or No

I authorize the District 17 – Etobicoke York/OSGA use of any photographs or written reports of me relating to my involvement or participation in this year's games and events.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Participant 2: Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Gender: Male \_\_\_\_ / Female \_\_\_\_ Birth Year: \_\_\_\_\_ (Participants must be 55 years old prior to December 31, 2020)

Paid OSGA 2020 Membership: Yes or No Signed OSGA Liability Waiver: Yes or No

I authorize the District 17 – Etobicoke York/OSGA use of any photographs or written reports of me relating to my involvement or participation in this year's games and events.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Participant 3: Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Gender: Male \_\_\_\_ / Female \_\_\_\_ Birth Year: \_\_\_\_\_ (Participants must be 55 years old prior to December 31, 2020)

Paid OSGA 2020 Membership: Yes or No Signed OSGA Liability Waiver: Yes or No

I authorize the District 17 – Etobicoke York/OSGA use of any photographs or written reports of me relating to my involvement or participation in this year's games and events.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Participant 4: Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Gender: Male \_\_\_\_ / Female \_\_\_\_ Birth Year: \_\_\_\_\_ (Participants must be 55 years old prior to December 31, 2020)

Paid OSGA 2020 Membership: Yes or No Signed OSGA Liability Waiver: Yes or No

I authorize the District 17 – Etobicoke York/OSGA use of any photographs or written reports of me relating to my involvement or participation in this year's games and events.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email \_\_\_\_\_

**Participant 5: Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Gender: Male \_\_\_\_ / Female \_\_\_\_ Birth Year: \_\_\_\_\_ (Participants must be 55 years old prior to December 31, 2020)

Paid OSGA 2020 Membership: Yes or No Signed OSGA Liability Waiver: Yes or No

I authorize the District 17 – Etobicoke York/OSGA use of any photographs or written reports of me relating to my involvement or participation in this year's games and events.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Participant 6: Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Gender: Male \_\_\_\_ / Female \_\_\_\_ Birth Year: \_\_\_\_\_ (Participants must be 55 years old prior to December 31, 2020)

Paid OSGA 2020 Membership: Yes or No Signed OSGA Liability Waiver: Yes or No

I authorize the District 17 – Etobicoke York/OSGA use of any photographs or written reports of me relating to my involvement or participation in this year's games and events.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**THE ONTARIO SENIOR GAMES ASSOCIATION**  
**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT (For Participants)**

**WARNING! By signing this document, you will waive certain legal rights. Please read carefully**

1. This is a binding legal agreement; therefore, clarify any questions or concerns before signing. As a participant in the activities, programs and events of the Ontario Senior Games Association (collectively the "Activities"), the undersigned acknowledges and agrees to the following terms:

**Disclaimer**

2. The Ontario Senior Games Association, and its directors, officers, members, employees, coaches, volunteers, officials, participants, agents, sponsors, organizers, districts, and representatives, in addition to the Province of Ontario, all municipalities within the OSGA designated District, (the "Organizations") are not responsible for any injury, property damage, expense, loss of income, damage or loss of any kind suffered by a participant or volunteer during, or as a result of, the Activities, caused in any manner whatsoever including, but not limited to, the negligence of the Organizations.

***I have read and agree to be bound by paragraphs 1 and 2***

**Description of Risks**

3. I am aware that the Activities which I am entering, may be extremely difficult and hazardous even for well-conditioned athletes under the most favorable conditions.
4. I am participating voluntarily in the Activities. In consideration of my participation, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the Activities. The risks, dangers and hazards include, but are not limited to, injuries from:
- a) The risks, dangers and hazards particular to the Activities in which I am participating;
  - b) Exerting and stretching various muscle groups;
  - c) Vigorous physical exertion, strenuous cardiovascular workouts and rapid movements;
  - d) Failing to play safely or within one's ability or to remain with designated areas;
  - e) Physical contact with other people;
  - f) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
  - g) Failing to comply with the rules established for participation;
  - h) Falling, tumbling or hitting other surfaces;
  - i) Falling to the ground due to uneven, slippery or irregular surfaces;
  - j) Contacting, colliding or being struck by other individuals, equipment, stands, or benches;
  - k) Extreme conditions which may result in heatstroke, hypothermia, heart attack, stroke, dehydration or any other condition that results from being exhausted.

**Agreement to Terms and Release of Liability**

5. In consideration of the Organizations allowing me to participate, I agree:
- a) That my physical condition has been verified by a medical doctor to participate in the Activities and no medical condition will be worsened by my participation in the Activities;
  - b) That I have trained adequately for the Activities;
  - c) That the sole responsibility for my safety remains with me;
  - d) To remove myself if I sense or observe any unusual hazard or unsafe condition; or feel unable or unfit to safely continue;
  - e) To ASSUME all risks arising out of, associated with, or related to, my participation;
  - f) To WAIVE any and all claims that I may have against the Organizations now or in the future;
  - g) To freely ACCEPT AND FULLY ASSUME all such risks and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the activities, events, and programs of the Organizations; and
  - h) To FOREVER RELEASE the Organizations from any and all liability for any and all claims, demands, actions, damages (including direct, indirect, special and/or consequential), losses, actions, judgments, and costs (including legal fees) (collectively, the "Claims") which I may have now or in the future, that might arise out of, result from, or relate to my participation in the Activities, even though such Claims may have been caused by any manner whatsoever, including but not limited to, the negligence, gross negligence, negligent rescue, omissions, carelessness, breach of contract and/or breach of any statutory duty of care of the Organizations.

***I have read and agree to be bound by paragraphs 3-5***

**Acknowledgment**

6. I acknowledge that I have read this agreement and understand it, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, spouse, children, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
District

\_\_\_\_\_  
Date