



[www.serviceclubofandover.org](http://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 **2019 Special Field Games**. The Games are being held on Saturday, September 21, 2019 at the Northern Essex Community College Fields, Haverhill Campus, 100 Elliot Street, Haverhill, MA. This will be the 39th year for the games. Registration begins at 8:30 am. **The forms must be returned no later than September 9, 2019.** If you have any questions please contact Kellie Martin at 603-893-6954 or [martinph@comcast.net](mailto: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 21, 2019**. 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 **2019 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 **2019 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 9, 2019 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 9, definitely call Kellie.... Thank you, Do not hesitate to call with any questions.

**Kellie Martin, 6 Meridian Drive, Salem, NH 03079**