

# PENNSYLVANIA SENIOR GAMES

## MEDICAL INFORMATION

THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS

PLEASE COMPLETE THIS FORM WITH YOUR MOST RECENT MEDICAL INFORMATION. **NO ONE WILL BE ALLOWED TO COMPETE WITHOUT THE COMPLETED MEDICAL FORM.** PLEASE PRINT OR TYPE ALL INFORMATION.

NAME \_\_\_\_\_ AGE \_\_\_\_\_

(AS OF 12/31/16)

ADDRESS \_\_\_\_\_ GENDER  Female  Male

PHONE/CELL \_\_\_\_\_ EMERGENCY CONTACT NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_ EMERGENCY CONTACT PHONE \_\_\_\_\_

WILL EMERGENCY CONTACT BE AT THE COMPETITION?  Yes  No

PLEASE CHECK ANY KNOWN MEDICAL CONDITIONS:

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hernia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bladder/Bowel Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indigestion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest Discomfort When Exercising	<input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest Pains	<input type="checkbox"/> Yes <input type="checkbox"/> No	Leg Pain On Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Low Back Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty in Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lung Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty in Seeing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Osteoporosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Allergies (List Below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Passing Out Spells	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath	<input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT MEDICATIONS \_\_\_\_\_

LIST DRUG ALLERGIES \_\_\_\_\_

ARE YOU ALLERGIC TO BEE STINGS? \_\_\_\_\_

DATE OF MOST RECENT MEDICAL EXAMINATION \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**I ATTEST THAT THE ABOVE INFORMATION IS CORRECT**

PARTICIPANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THIS IS A RELEASE WAIVER—AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the PENNSYLVANIA SENIOR GAMES c/o KEYSTONE STATE GAMES, INC. athletic / sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE PENNSYLVANIA SENIOR GAMES c/o KEYSTONE STATE GAMES, INC., their officers, officials, agents and / or employees, other participants, SPONSORING agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY loss or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I, the undersigned, declare on my honor that I am an amateur and agree to follow the rules of the Keystone State Games, obey my coach(es) / team leader(s), tournament officials, and directors. I am in good physical condition and have no disease or injury that would impair my doing my best in competition.
6. I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of an emergency. I also authorize the attending medical personnel to execute on my behalf any permission forms and other appropriate medical documents and act on my behalf if I am not immediately available to do so.
7. I hereby consent to allow my picture or likeness to appear in any official document, sponsor advertisement, and/or exclusive television coverage of the Pennsylvania Senior Games in any manner incidental to my participation in the Pennsylvania Senior Games without compensation to me.
8. Signature \_\_\_\_\_ Date: \_\_\_\_\_

PENNSYLVANIA COUNTY CODE LISTING FOR APPLICATION					
00 - OUT OF STATE	12 - CAMERON	24 - ELK	36 - LANCASTER	48 - NORTHAMPTON	60 - UNION
01 - ADAMS	13 - CARBON	25 - ERIE	37 - LAWRENCE	49 - NORTHUMBERLAND	61 - VENANGO
02 - ALLEGHENY	14 - CENTRE	26 - FAYETTE	38 - LEBANON	50 - PERRY	62 - WARREN
03 - ARMSTRONG	15 - CHESTER	27 - FOREST	39 - LEHIGH	51 - PHILADELPHIA	63 - WASHINGTON
04 - BEAVER	16 - CLARION	28 - FRANKLIN	40 - LUZERNE	52 - PIKE	64 - WAYNE
05 - BEDFORD	17 - CLEARFIELD	29 - FULTON	41 - LYCOMING	53 - POTTER	65 - WESTMORELAND
06 - BERKS	18 - CLINTON	30 - GREENE	42 - McKEAN	54 - SCHUYLKILL	66 - WYOMING
07 - BLAIR	19 - COLUMBIA	31 - HUNTINGDON	43 - MERCER	55 - SNYDER	67 - YORK
08 - BRADFORD	20 - CRAWFORD	32 - INDIANA	44 - MIFFLIN	56 - SOMERSET	
09 - BUCKS	21 - CUMBERLAND	33 - JEFFERSON	45 - MONROE	57 - SULLIVAN	
10 - BUTLER	22 - DAUPHIN	34 - JUNIATA	46 - MONTGOMERY	58 - SUSQUEHANNA	
11 - CAMBRIA	23 - DELAWARE	35 - LACKAWANNA	47 - MONTOUR	59 - TIOGA	

**REGISTRATION INFORMATION**

**REGISTRATION HOURS FOR SENIOR GAMES**

ALL PA SENIOR GAMES athletes will check-in at their prospective sport venue the day of the competition—There will be NO central registration area this year for PA Senior Games.

Athletes that DO NOT send their MEDICAL RELEASE FORM into the office are to turn it in to the sport leader the day of their FIRST SCHEDULED SPORTING EVENT.

Designated times and location for PA Sr Games T-shirts will be posted online at [www.keystonegames.com](http://www.keystonegames.com)

**REGISTER ONLINE AND SAVE!**

**ONLINE REGISTRATION:** Option 1 & 2—Register online and not only save time but save money!!! Savings of \$15.00 for registering online!!!

**CONTACT INFORMATION**

PA Senior Games • PO Box 1166, Wilkes-Barre, PA 18703 • [www.keystonegames.com](http://www.keystonegames.com)