

2025 NEW MEXICO SENIOR OLYMPICS STATE GAMES-NORTH EVENT REGISTRATION

January 13-16, 2025

Registration Deadline: December 20, 2024

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DOB: ____/____/____ GENDER: Male Female

ETHNICITY: CAUCASIAN HISPANIC NATIVE AMERICAN AFRICAN AMERICAN ASIAN

PHONE _____ Alt. Phone if applicable _____

E-MAIL _____

EMERGENCY CONTACT _____ PHONE _____
(Preferably someone NOT attending the State Games)

I am interested in volunteering with the State Games-North.
Event(s) Interested in volunteering with _____

FEE BOX		TOTALS
Registration Fee + First Sport (Includes T-shirt, Health Fair and Athlete Reception) Deadline to register is December 20, 2024 RSVP to Athlete Reception – Jan. 14th <input type="checkbox"/> YES <input type="checkbox"/> NO	\$30 to include 1 st sport	\$ 30.00
2 nd – 3 rd Sport - additional \$10 each per sport Limited to (3) Sports Only	\$10 per sport X _____	\$
HOCKEY Team Fee (Request roster form) Each player will pay the \$5 admin fee	\$100 Team Fee	\$
Administrative Fee per Athlete	\$5.00	\$ 5.00
Ticket to Athlete Reception for my guest (LIMIT 1 guest per athlete)	\$25.00	\$
Donation to New Mexico Senior Olympics, Inc. (501 (c) 3)		\$
TOTAL FEES DUE TO NMSO		\$

CHECKS, MC, VISA, AMEX, DISCOVER CREDIT CARDS ACCEPTED, CASH NOT ACCEPTED.
A 2.5% card processing fee will be charged. Call NMSO office to pay by phone.

Liability Waiver and Release:

In consideration of my participation in the New Mexico Senior Olympics, I, the undersigned, for myself and my heirs, waive and release all claims against New Mexico Senior Olympics, sponsors, organizers, and associates for any injury, damage, or loss arising from my participation. I confirm that I am physically fit and have sought medical advice if needed. I grant permission for the use of my likeness in event-related media without liability or obligation. I understand that my entry fee is non-refundable. I agree to follow all rules, regulations, and instructions from authorized personnel. I understand that failure to comply may result in disqualification or suspension.

Athlete Signature _____
Date

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EVENT REGISTRATION – JANUARY 13-16, 2025

Mark (X) the event(s) you wish to compete in, for a **Maximum of Three (3) Sports**. The Games Management cannot guarantee you will be able to compete in all events. Refer to Event Schedule for dates, time and locations. Liability Waiver must be signed to complete registration process. NMSO Game Management reserves the right to cancel a sport on the Competition Schedule that does not meet the required number of registrants to conduct the Sport(s). All events require a minimum number of registrants. PLEASE RETURN ALL PAGES OF THE ENTRY FORM.

AIR GUN

- Pistol-Standing Rifle-Standing
 Pistol-Supported Rifle-Supported

BASKETBALL SKILLS

- Free Throw
 3-Point

BILLIARDS

- Singles

BOWLING

- Singles
 Men's Doubles _____
Partner's Name
 Women's Doubles _____
Partner's Name

CORNHOLE

- Singles
 Doubles _____
Partner's Name
 Mixed Doubles _____
Partner's Name

FRISBEE ACCURACY

- Accuracy Throw

HUACHAS (WASHERS)

- Huachas

ICE HOCKEY

- Ice Hockey
 Team Name _____
 (Team Roster Required)

PICKLEBALL

- Singles
 Doubles _____
Partner's Name
 Mixed Doubles _____
Partner's Name

POWER LIFTING

- Power Lifting

SHUFFLEBOARD

- Singles
 Doubles _____
Partner's Name

SOCCER KICK ACCURACY

- Soccer Kick Accuracy

SWIMMING

- | | | |
|--------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> 50Y Back | <input type="checkbox"/> 50Y Free | <input type="checkbox"/> 100Y Fly |
| <input type="checkbox"/> 100Y Back | <input type="checkbox"/> 100Y Free | <input type="checkbox"/> 200Y Fly |
| <input type="checkbox"/> 200Y Back | <input type="checkbox"/> 200Y Free | <input type="checkbox"/> 100Y IM |
| <input type="checkbox"/> 50Y Breast | <input type="checkbox"/> 500Y Free | <input type="checkbox"/> 200Y IM |
| <input type="checkbox"/> 100Y Breast | <input type="checkbox"/> 50Y Fly | <input type="checkbox"/> 400Y IM |
| <input type="checkbox"/> 200Y Breast | | |

TABLE TENNIS

- Singles
 Doubles _____
Partner's Name
 Mixed Doubles _____
Partner's Name

TAI CHI

- Tai Chi (mark only one)
 Beginner Intermediate Advanced

Visit our website for a detailed competition schedule in order to minimize scheduling conflicts.