

2018 CONNECTICUT MASTERS' GAMES

Racquetball Tournament



When & Where:

- Friday Evening , March 2nd (For local Players Only)
- Saturday, March 3rd 2018
- Location: North Haven Health & Racquet Club
100 Elm Street, North Haven, CT 06437

Entry Fee:

- \$40.00 for first event/ \$5.00 for each additional

Events Offered:

- Men's and Women's Singles
- Men's and Women's Doubles
- Mixed Doubles

Age Groups:

- 30-39, 40-49, 50-54, 55-59, 60-64, 65-69
70-74, 75-79, 80-84, 85-89, 90+

**Out of state participants welcome*

Qualifier:

*This year is a qualifying year for the 2019 Nation Senior Games
Top 3 in each age bracket will qualify for Nationals*

Registration:

Register ONLINE at www.CTMastersGames.org

Registration Deadline: **Monday, Feb 26th**

NO ONSITE Registration will be accepted!

Questions/More Details

Visit: www.CTMastersGames.org

Email: ctmasters@CTMastersGames.org

Call: (860) 788-7041



Bring A Buddy!

In an effort to increase participation and, therefore, the competitive integrity of the Connecticut Masters' Games, we are offering the “Bring a Buddy” Program. The “Bring a Buddy” Program has been a huge success. It not only achieved the aforementioned goal, but it also makes the "Games" more affordable for all athletes.

The Fine Print:

- The “Buddy” program applies only to like-sport registrations (Individual or Team) e.g. a Badminton individual sport athlete may not bring a softball team as his/her “Buddy”-
- “Buddy” program does NOT apply to Golf because of the associated costs nor does it apply to Softball as it is a co-sponsored tournament with SSUSA.
- To Qualify as a buddy Athletes/Teams cannot have participated in the Connecticut Masters' Games in 2014, 2015, or 2016.

How it works: **Individual Sports:**

- Athlete #1 Racquetball Fee \$40.00
- “Buddy” Racquetball Fee \$20.00 (1/2 the price)
- Total \$60.00
- Each participant pays \$30.00



Questions/More Details

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2018 CONNECTICUT MASTERS' GAMES – RACQUETBALL INDIVIDUAL SPORT REGISTRATION FORM



Entry Deadline: Monday, February 17, 2018

975 Middle Street, Unit G, Middletown, CT 06457

TEL: (860) 788 7041 FAX: (860) 894 2654 Email: CTMasters@CTMastersGames.org

First Name: _____ M.I.: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone/Cell: _____ Email: _____

Male / Female Date of Birth: _____ Age on 12/31/18: _____ T-Shirt Size: *S, M, L, XL, 2X, Other:* _____

Previous National Senior Games Athlete: Yes No If Yes: NSGA # _____ or Don't Know

HOW DID YOU HEAR ABOUT THE CT MASTERS' GAMES? (Circle Best)

Coach Email Newspaper Postcard Poster Previous Participant Radio Web Search Other: _____

Select Your Events: Singles Doubles Mixed Doubles

Pricing: \$35 for one (1) event, \$5 for each additional event

LIST YOUR DOUBLES/MIXED DOUBLES PARTNER: (If you do not have a partner, list "Need a Partner")

Doubles Partner Name: _____ Partner's Age on 12/31/18: _____

Mixed Doubles Partner Name: _____ Partner's Age on 12/31/18: _____

PAYMENT: Checks: Payable to: CSMG, 975 Middle Street, Unit G, Middletown, CT 06457 Credit Cards: Call our office 860-788-7041

Release of Liability Waiver, Pledge and Consent Form

In consideration of being allowed to participate in any way with the Connecticut Sports Management Group, Inc., (hereby referred to as: CSMG), its related events and activities i.e.: Nutmeg State Games, CT Masters Games, Football Showcase, Weight Lifting Competition etc.

I, (Print Name) _____ the undersigned, acknowledge, appreciate, and agree 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 skills, 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 CSMG immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS CSMG, Inc, their officers, officials, agents and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessor's of premises used or the activity ("Releasees") WITH REPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and,
5. I declare that to the best of my knowledge, I am in good physical condition and have no disease or injury that would be aggravated by my participation in activities related to the CSMG, Inc. (Nutmeg State Games, CT Masters Games etc.), its related events and activities; and,
6. I, also, declare on my honor that I am an amateur and fulfill the conditions stipulated by the CSMG, Inc. (Nutmeg State Games, CT Masters Games etc.), and all of its related events and activities. I will compete in the Games, keep myself in top physical condition and retain my amateur status; and,
7. I hereby consent to allow my picture or likeness to appear on web and social media pages as well as promotional materials related to the "Games". I hereby also consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the Nutmeg State Games in any manner incidental to my participation in the Nutmeg State Games and without compensation to me; and,
8. I declare that I have personal medical coverage and that I have read all of the above and understand the release and waiver, and by signing it agree to all its items.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE _____ PRINT NAME _____ DATE _____