

WASHINGTON STATE SENIOR GAMES

SUMMER 2025 - TEAM SPORTS

REGISTRATION INSTRUCTIONS FOR TEAMS

1. Team captains must register their team by the specified deadline for the sport they are entering. The deadline for most team sports is at least a week before the first day of the event to provide enough time to set the schedule for the games.
2. Team members may also enter individual events and must fill out and submit the entry form for individual athletes separately. A fee of \$10 per person per event will apply (but not the \$35 Registration Fee).
3. All team athletes will be required to sign the Waiver of Liability at the event site prior to participating in their first event. One option is to have each team member read and sign the waiver and include the signed waivers with your entry, payment, and roster.
4. Competitor t-shirts can be purchased with your team registration for an additional \$10 per shirt. The short sleeve t-shirt is purple (65% polyester/35% cotton). Please indicate the style and size for each player on your roster who is purchasing a shirt. The women's style is a V-neck with a standard fit.

PAYMENT INFORMATION

Please pay with a check made payable to **Washington State Senior Games**, or by supplying your credit card information on the registration form.

MAIL IN YOUR COMPLETED REGISTRATION FORM

Once you have completed your team entry form, roster, and collected signed waivers (if you wish to do so ahead of time), mail them along with your check or credit card information to:

Washington State Senior Games
PO Box 14547
Tumwater, WA 98511-4547

Your Registration Confirmation will be mailed to you within two weeks.
If you have any questions, please call for assistance at 360-413-0148
or email dianne@wasenior.games



TEAM SPORTS

TEAM SPORTS - INFORMATION AND FEES

BASKETBALL - 3 ON 3	BEACH VOLLEYBALL	SOCCER	SOFTBALL	VOLLEYBALL
<p>Saturday, July 12 3-on-3 Half Court</p> <p>Schedule: 8:00 am - Check-in 9:00 am - Games begin</p> <p>Venue: Olympia High School Gym 1302 North St SE Olympia, WA 98501</p> <p>Commissioner: Trey Friend 360-259-9614</p> <p>Registration deadline: July 3</p> <p>Team Fee: \$140 per team Includes Hot Shot & Free Throw for team members</p>	<p>Saturday, July 12 Men's & Women's Doubles Sunday, July 13 Coed Doubles & Quads</p> <p>Schedule: (same each day) 8:00 am - Check-in 8:45 am - Captain's meeting 9:00 am - Matches begin</p> <p>Venue: 4th Avenue Beach 5930 4th Ave S Seattle, WA 98108</p> <p>Commissioners: Marisa Gaalema 206-240-0224 gaalemmk@hotmail.com Linda Coburn 206-794-1175 coburn.linda@gmail.com</p> <p>Registration deadline: July 3</p> <p>Team Fees: Doubles - \$60 per team Quads - \$85 per team</p>	<p>Saturday, August 2 Sunday, August 3 50+, 55+, 60+, 65+, 70+ Walking soccer (coed 50+)</p> <p>Schedule: (same each day) Games begin at 9:00 am</p> <p>Venue: Regional Athletic Complex 8345 Steilacoom Road SE Lacey, WA 98513</p> <p>Commissioner: Francia Reynolds 360-280-4652 franciar1@comcast.net</p> <p>Registration deadline: July 22</p> <p>Team Fee: \$360 per team Early bird: \$330 by May 20</p>	<p>September 11 and 12 65+, 70+, 75+, 80+ September 13 and 14 50+, 55+, 60+, Women</p> <p>Schedule: (same each day) Games begin at 8:30 am</p> <p>Venue: Mason County Rec Area 2100 E Johns Prairie Road Shelton, WA 98584</p> <p>Contact: Dianne Foster 360-701-8129 dianne@wasenior.games</p> <p>Registration deadline: August 25</p> <p>Team Fee: \$400 per team</p>	<p>Saturday, July 19 Team Tournament (indoor)</p> <p>Schedule: Games begin at 9:00 am</p> <p>Venue: Capital High School Gym 2707 Conger Ave NW Olympia, WA 98502</p> <p>Commissioner: Tad Earley 360-790-8515 tearley@ci.olympia.wa.us</p> <p>Registration deadline: July 9</p> <p>Team Fee: \$150 per team</p>



WAIVER OF LIABILITY

THIS WAIVER MUST BE SIGNED BY EACH PLAYER

INCLUDE SIGNED WAIVERS WITH THE COMPLETED ENTRY FORM & ROSTER OR SIGN AT THE TOURNAMENT

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

It is my intent as a participant or player competing in the Washington State Senior Games sanctioned activities, while participating during activities that I am agreeable to the following:

- ✓ I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from any and all communicable disease.
- ✓ In consideration of having the opportunity to participate as either a team member or competitor, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Washington State Senior Games and its Board of Directors, National Senior Games Association, agents, volunteers, staff, coaches, trainers, officials, partner cities and sponsors, or others affiliated with the Games from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my preparation for or my participation in the Washington State Senior Games.
- ✓ I recognize and voluntarily accept all risks associated with my participation in the event, no matter how remote or unlikely. I realize that my activity may well include serious bodily injury, catastrophic spinal injury (including total or partial paralysis), permanent impairment, brain damage, and even death. I recognize that these injuries may be sustained by me from falling, tripping, being pushed, running, striking or being struck by a spectator, another participant, a vehicle, equipment used in the event, and the like.
- ✓ As an adult, I take full responsibility for my participation in this event and for the level at which I choose to participate. I have no impairment, physical or mental, that should preclude my participating in this event at the level that I choose. I am physically fit and capable of participating in this event at the level I choose. I understand that I can remove myself from participating in this event at any time I choose to do so.
- ✓ I do not expect Washington State Senior Games, its agents, volunteers, officers, employees, any partner cities or sponsors to coach, manage, instruct, or train me for this event. I recognize that it is my personal responsibility to learn, prepare, understand and obey the rules for this activity or event.
- ✓ Prior to participating as an athlete, I will inspect the facilities and equipment to be used and if I believe same to be unsafe, I will immediately report such conditions to the Sport Commissioner, Supervisor or Official connected with the Games of same and either decline to participate or assume the risk of participating.
- ✓ The undersigned expressly agrees that the foregoing Waiver and Release of all claims is intended to be as broad and inclusive as is permitted by the laws of Washington and that if any portion thereof is held invalid it is agreed that the balance shall notwithstanding, continue in full legal force and effect.
- ✓ Further, I grant full permission to use my photograph, picture, likeness and/or voice to appear in any official documentary, promotional (including any and all advertisements), television, radio or film coverage of the Games without compensation.
- ✓ I consent to all emergency medical treatment as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Games.
- ✓ I, the undersigned, have carefully read and voluntarily signed this hold harmless Waiver and Release of all claims and fully understand its contents and meaning as full waiver and release of all claims, liability and indemnity for Washington State Senior Games, its agents, volunteers, officers, employees and any partner cities and sponsors.

I have read this Waiver of Liability and I agree to its terms.

PRINT NAME

SIGN NAME

DATE SIGNED

TEAM ENTRY FORM

THE TEAM CAPTAIN MUST RETURN THIS FORM ALONG WITH THE ROSTER AND PAYMENT

Note: Rosters may be emailed later to the sport commissioner and/or dianne@wasenior.games

TEAM INFORMATION

TEAM NAME

TEAM CAPTAIN CONTACT INFORMATION

TEAM CAPTAIN'S NAME

ADDRESS (TEAM CAPTAIN)

CITY STATE/PROVINCE ZIP/POSTAL CODE

EMAIL ADDRESS (TEAM CAPTAIN)

CELL PHONE (TEAM CAPTAIN) HOME PHONE (TEAM CAPTAIN)

PAYMENT INFORMATION

TEAM SPORT FEE

- Basketball 3-on-3 Half Court **\$140 per team**
- Beach Volleyball - Men's or Women's Doubles **\$60 per team**
- Beach Volleyball - Coed Doubles **\$60 per team**
- Beach Volleyball - Coed Quads **\$85 per team**
- Soccer **\$360 per team (\$330 by May 20)**
- Softball **\$400 per team**
- Volleyball (indoor) **\$150 per team**

Total Team Sport Fees for event(s) selected above		
Competitor t-shirts (style and size entered on the team member page)	# of shirts =	x \$10
TOTAL		

I'm paying by check
CHECK NUMBER

I'm paying by credit card
AMOUNT PAID

CREDIT CARD NUMBER

EXPIRATION DATE (MM-YY)

CARD VERIFICATION CODE (ON BACK OF CARD)
NOTE: AMERICAN EXPRESS IS 4 DIGITS

NAME (AS IT APPEARS ON YOUR CREDIT CARD) BILLING ADDRESS (FOR YOUR CREDIT CARD) ZIP CODE (FOR YOUR CREDIT CARD)

BEACH VOLLEYBALL TEAM MEMBERS

BEACH VOLLEYBALL - MEN'S OR WOMEN'S DOUBLES

TEAM NAME _____

EVENT	
<input type="checkbox"/> Men's Doubles	SATURDAY
<input type="checkbox"/> Women's Doubles	JULY 12

TEAM AGE GROUP		
<input type="checkbox"/> 50+	<input type="checkbox"/> 60+	<input type="checkbox"/> 70+
<input type="checkbox"/> 55+	<input type="checkbox"/> 65+	<input type="checkbox"/> 75+
BASED ON THE AGE OF THE YOUNGEST PLAYER		

PLAYER 1	
LAST NAME	FIRST NAME
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/> <input type="text"/> <input type="text"/>
DATE OF BIRTH (MM-DD-YYYY)	
ADDRESS	
CITY	STATE/PROVINCE ZIP/POSTAL CODE
EMAIL ADDRESS	CELL PHONE
SHIRT STYLE	SHIRT SIZE
<input type="checkbox"/> MEN'S <input type="checkbox"/> WOMEN'S	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL

PLAYER 2	
LAST NAME	FIRST NAME
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/> <input type="text"/> <input type="text"/>
DATE OF BIRTH (MM-DD-YYYY)	
ADDRESS	
CITY	STATE/PROVINCE ZIP/POSTAL CODE
EMAIL ADDRESS	CELL PHONE
SHIRT STYLE	SHIRT SIZE
<input type="checkbox"/> MEN'S <input type="checkbox"/> WOMEN'S	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL

Note: For the coed events on Sunday, individuals can only compete in coed doubles or coed quads - not both.

BEACH VOLLEYBALL - COED DOUBLES OR QUADS

TEAM NAME _____

EVENT	
<input type="checkbox"/> Coed Doubles	SUNDAY
<input type="checkbox"/> Coed Quads	JULY 13

TEAM AGE GROUP		
<input type="checkbox"/> 50+	<input type="checkbox"/> 60+	<input type="checkbox"/> 70+
<input type="checkbox"/> 55+	<input type="checkbox"/> 65+	<input type="checkbox"/> 75+
BASED ON THE AGE OF THE YOUNGEST PLAYER		

PLAYER 1	
LAST NAME	FIRST NAME
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/> <input type="text"/> <input type="text"/>
DATE OF BIRTH (MM-DD-YYYY)	
ADDRESS	
CITY	STATE/PROVINCE ZIP/POSTAL CODE
EMAIL ADDRESS	CELL PHONE
SHIRT STYLE	SHIRT SIZE
<input type="checkbox"/> MEN'S <input type="checkbox"/> WOMEN'S	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL

PLAYER 2	
LAST NAME	FIRST NAME
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/> <input type="text"/> <input type="text"/>
DATE OF BIRTH (MM-DD-YYYY)	
ADDRESS	
CITY	STATE/PROVINCE ZIP/POSTAL CODE
EMAIL ADDRESS	CELL PHONE
SHIRT STYLE	SHIRT SIZE
<input type="checkbox"/> MEN'S <input type="checkbox"/> WOMEN'S	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL

PLAYER 3 (FOR QUAD TEAM)	
LAST NAME	FIRST NAME
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/> <input type="text"/> <input type="text"/>
DATE OF BIRTH (MM-DD-YYYY)	
ADDRESS	
CITY	STATE/PROVINCE ZIP/POSTAL CODE
EMAIL ADDRESS	CELL PHONE
SHIRT STYLE	SHIRT SIZE
<input type="checkbox"/> MEN'S <input type="checkbox"/> WOMEN'S	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL

PLAYER 4 (FOR QUAD TEAM)	
LAST NAME	FIRST NAME
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="text"/> <input type="text"/> <input type="text"/>
DATE OF BIRTH (MM-DD-YYYY)	
ADDRESS	
CITY	STATE/PROVINCE ZIP/POSTAL CODE
EMAIL ADDRESS	CELL PHONE
SHIRT STYLE	SHIRT SIZE
<input type="checkbox"/> MEN'S <input type="checkbox"/> WOMEN'S	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL

TEAM ROSTER

TEAM NAME _____

TEAM AGE GROUP
 50+ 60+ 70+ 80+
 55+ 65+ 75+ 85+
BASED ON THE AGE OF THE YOUNGEST PLAYER

TEAM SPORT
 Basketball Soccer
 Softball Volleyball (indoor)

TEAM GENDER
 Men
 Women

BASKETBALL ONLY

FREE THROW
 HOT SHOT

	FIRST NAME	LAST NAME	DATE OF BIRTH	ADDRESS	CITY	STATE	ZIP CODE	PHONE	SHIRT STYLE/SIZE	FREE THROW	HOT SHOT
1											
2											
3											
4											
5											
6											
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