

2026 COPPER COUNTRY SENIOR OLYMPICS REGISTRATION FORM

INSTRUCTIONS:

Entries must be received by the date of the first event. Early registrations are encouraged. You may directly reach the Local Coordinator by calling (575) 590-2352 or contact your event manager. Entries may be mailed to 2331 N Kimberly Dr. Silver City, NM 88061. **Enter as many events as you wish to compete in.**

ENTRY FEE STARTS AT \$ 20.00 - PLEASE ENCLOSE WITH THIS FORM

The entry fee allows you to participate in up to 3 events. If you would like to participate in up to 5 events the entry fee will be \$25. If you would like to compete in more than 5 events there will be an additional \$5 fee for each event after your fifth. Extra cost incurred for bowling & golf. Please complete all the information on the registration form.

Please Print

Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

City: _____ County: _____ Zip: _____

E-mail _____

As of December 31, 2025

Date of Birth: ____/____/____ Age: _____ Gender: Male Female T-shirt size: _____

Age Group. Circle one: 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85-90+

Emergency Contact: _____ Phone: _____

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

LIABILITY WAIVER

I hereby agree to indemnify and hold harmless Copper Country Senior Olympics (CCSO) and any of their agents or representatives. To the best of my knowledge, I have no physical restrictions that would prohibit my participation in the events I have selected. The CCSO Board has my permission to have a physician, RN or EMT attend to me if it is deemed necessary during my participation in the Copper Country Senior Olympic Games. I also agree to observe all rules and regulations of CCSO, to exercise good sportsmanship, and to follow all written or oral instructions given by personnel of the games. I understand that failure to do so will result in my disqualification or suspension from the Copper Country Senior Olympic Games for a specified period. I hereby consent to having my picture or likeness appear in any official documentary or website, promotional materials, sponsor advertisements or television coverage of the Local Senior Games.

Athlete's Signature: _____ Date: _____

EVENT REGISTRATION AND RESULTS FOR EVENTS NEED TO BE TURNED IN BY THE END OF MAY 2025

Enter as many events as you wish to compete in. **An additional fee** may be required. **Note:** All double events must include the partner's name. Please do not register for events held at the same time. Games Management cannot guarantee you able to compete in both events. Please mark (X) the event(s) you wish to enter.

Senior Olympics Local Coordinator: Mario Quintana Date Received: _____

No. Of Events _____ Amount Received: _____ Cash / Check Check #: _____ Donation (Optional): \$ _____

Registrar: _____