

QUAD CITIES SENIOR OLYMPICS — JUNE 25-27, 2009
VOLUNTEER FORM, WAIVER AND SCHEDULE
www.qcseniorolympics.org

EVENT TIMES

Report earlier than event time, as requested

PLEASE PRINT

Last Name _____ First Name _____

Street _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Are you a new volunteer for QCSO? Yes ___ No ___ Email (Opt.) _____

Have you already been contacted to work for 2009? Yes ___ No ___

If yes, for which event or committee? _____

Emergency Numbers:

Doctor _____ Phone _____

Family Member _____ Phone _____

T-shirt Size Sm ___ Med ___ Large ___ X Large ___ XX Large ___ XXX Large ___

THURSDAY, JUNE 25, 2009

8:00 _____ Golf
 7:00 _____ *Performing Arts

FRIDAY, JUNE 26, 2009

8:00 _____ Bullseye Pistol
 2:00 _____ Cycling 16 Mile Road Race
 2:30 _____ Billiards
 4:00 _____ Badminton
 5:00 _____ *Opening Ceremonies/Meal
 6:00 _____ Tennis Prelims
 6:00 _____ 5K Run/Walk
 7:30 _____ Soccer Accuracy Kicking
 7:30 _____ Football Accuracy Throw
 7:30 _____ Softball Accuracy Throw
 7:30 _____ 4x100 Meter Relay

WAIVER STATEMENT

I accept full responsibility for my participation as a volunteer with the Quad Cities Senior Olympics, and I do so in full knowledge and recognition of my current health condition.

I do hereby release and hold harmless the Quad Cities Senior Olympics Organization, including employees, board of directors, event coordinators, and other volunteers working on its behalf, from all liability for any injuries or illness that may occur during the Quad Cities Senior Olympics and use of the event facilities. I also give my permission to receive emergency medical attention if it is deemed necessary by the Quad Cities Senior Olympics representatives during my participation.

I grant the Quad Cities Senior Olympics permission to use pictures or video of me taken during my participation as a volunteer during the Quad Cities Senior Olympics. I waive any right to inspection or for any compensation.

SIGNATURE _____ Date _____

Check if under 18 ___ and signature of Guardian above.

SATURDAY, JUNE 27, 2009

8:00 _____ Bullseye Pistol
 8:00 _____ Tennis Finals
 9:00 _____ Table Tennis
 9:00 _____ Bridge
 9:30 _____ Shuffleboard
 10:00 _____ Cycling 10K
 10:00 _____ Horseshoes
 10:00 _____ Swimming
 10:00 _____ Basketball Free Throw
 10:00 _____ Basketball "Around..."
 12:00 _____ Distance throws
 12:00 _____ Field Events
 1:00 _____ *Senior Trivia
 1:00 _____ Track Events
 2:00 _____ Bowling
 2:00 _____ *Spelling Bee
 2:15 _____ Track & Field Events cont.

DIRECTIONS FOR VOLUNTEERING

- Fill out the registration form above.
- Sign the waiver of liability above. If under 18, signature of Guardian required.
- To indicate your area of interest, place an X on the appropriate line in column on right, and/or complete # 4 and 5 below.
- To volunteer to help at Olympic Headquarters (on the Augustana campus) during the Senior Olympics check the desired days and areas of interest listed below.

Days: Thursday (6/25)
 Friday (6/26)
 Saturday (6/27)

Areas of Interest: Registration Processing Refreshments

- To volunteer to help prior to the event, check your area of interest listed below:
 Office Help Information Distribution Swim-a-thon (April 18, 10:00 - 2:00)
- You will receive confirmation by mail, email or phone.

We encourage you to reproduce this form to share with your family and friends.

_____ Engraving of Medals
 _____ Health Services

_____ Willing to be involved - call
 (309) 786-1677

*Denotes: non athletic event

Return to:

The QCSO Office
 1800 3rd Ave. Suite 304 • Rock Island, IL 61201

Questions: Call (309) 786-1677 or
 email: qcseniorolympics@yahoo.com

