

QUAD CITIES SENIOR OLYMPICS — JUNE 23-26, 2010
VOLUNTEER FORM, WAIVER AND SCHEDULE
www.qcseniorolympics.org

PLEASE PRINT

Last Name _____ First Name _____

Street _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Are you a new volunteer for QCSO? Yes ___ No ___ Email _____

Have you already been contacted to work for 2010? 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 ___

EVENT TIMES

Report earlier than event time, as requested

WEDNESDAY, JUNE 23, 2010

6:00 _____ Cycling 16 mile

THURSDAY, JUNE 24, 2010

8:00 _____ Golf

6:00 _____ Cycling 10k

6:00 _____ Disc Golf

7:00 _____ *Performing Arts

FRIDAY, JUNE 25, 2010

8:00 _____ Bullseye Pistol

12:00 _____ Badminton

2:30 _____ Billiards

5:00 _____ *Opening Ceremonies

6:00 _____ Tennis Prelims

6:00 _____ 4x100 Meter Relay

6:15 _____ 1500 Meters

6:30 _____ 50 Meters

7:00 _____ 3000 Meters

7:00 _____ Triple Jump

7:00 _____ Soccer Accuracy Kicking

7:00 _____ Football Accuracy Throw

7:00 _____ Softball Accuracy Throw

SATURDAY, JUNE 26, 2010

8:00 _____ Archery

8:00 _____ Bullseye Pistol

8:00 _____ 5K Run and Walk

8:00 _____ Tennis Finals

9:00 _____ Table Tennis

9:00 _____ *Bridge

9:30 _____ Shuffleboard

9:30 _____ Javelin

9:30 _____ Discus

9:30 _____ Weight Throw

10:00 _____ Horseshoes

10:00 _____ Swimming

10:00 _____ Basketball Free Throw

12:00 _____ Long Jump

12:00 _____ Distance throws

12:00 _____ Pole Vault

1:00 _____ *Senior Trivia

1:30 _____ 100 Meters

2:00 _____ Field Events

2:00 _____ Bowling

2:00 _____ *Spelling Bee

2:00 _____ Basketball Around the World

2:00, 2:30, 3:00 _____ Track Events

_____ Engraving of Medals

_____ Health Services

_____ Willing to be involved - call

(309) 786-1677

*Denotes: non athletic event

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.

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 (6/24)

Friday (6/25)

Saturday (6/26)

Areas of Interest: Registration Processing Refreshments

5. To volunteer to help prior to the event, check your area of interest listed below:

Office Help Information Distribution Swim-a-thon (April 10, 10:00 - 2:00)

6. You will receive confirmation by mail, email or phone.

Return to:

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

Questions: Call (309) 786-1677 or
 email: qcseniorolympics@yahoo.com
 revised 3/2/2010

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