

Delaware Senior Olympics—Walk Delaware Program

Registration Card

Please complete this form and mail to register for the program. Please submit one registration per person.

Name: _____ Gender: ___ Birth Date: _____

Address: _____

Phone: _____ Email: _____

Starting Date: _____ Fitness Level Goal (please circle): Gold Silver Bronze

Release:

By signing this form, I agree to all risk and responsibility for any and all damage, injury, infirmity resulting from or arising out of my participation in the Delaware Senior Olympics Walk Delaware Program. I do hereby waive and release the Delaware Senior Olympics, its agents, affiliates, employees, representatives, from or for any claim or liability resulting from my participation in Delaware Senior Olympics activities. Before undertaking an exercise program, a physical examination and doctor's approval is recommended.

Signature: _____ Date: _____

Mail this form to: Walk Delaware, Delaware Senior Olympics, 1121 Forrest Avenue, Dover, DE 19904

Register now — it's free and easy!!

Delaware Senior Olympics—Walk Delaware Program

Congratulations!!!

Verify your completion on this form and mail it to receive your DSO Walk Delaware Recognition Award.

___ Yes, I have completed the Walk Delaware Program.

Date Started: _____ Date Finished: _____ Fitness Level (please circle): Gold Silver Bronze

Activity Total Miles: Walk _____ Bike _____ Run _____ Swim _____

Name: _____ Gender: ___ Birth Date: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

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