



All Seniors Care

SENIORS GAMES

2024

February 5th to 9th

Athlete Registration Form



☐ P.O.A. (please check box if applicable)

Athlete's Name, Age & Residence Location:

Name & Age:

T-Shirt Size:

Hometown:

Words of Wisdom & Tips for Keeping Active:



"I hereby consent to having my picture taken (photograph or video) for the purpose of advertising/ promoting All Seniors Care Living Centres in Canada. I further grant permission to use my image (picture/video) in a variety of advertising media at any time."

Name (print):

Address:

Signature:

Date:



ALL SENIORS CARE
LIVING CENTRES™