

Telecom Pioneers  
 L. H. KINNARD CHAPTER #7  
**39th ANNUAL SPORTS JAMBOREE**  
**AUGUST 2-4, 2019**  
 Fort Indiantown Gap, Annville, PA  
**CONTESTANT'S INFORMATION (PLEASE PRINT)**

For Office Use only:  
**CONTESTANT #** \_\_\_\_\_  
 Received \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Amount \$ \_\_\_\_\_

(Last Name)	(First Name)	(MI)
(Street address)	(City)	(State) (Zip)
(Home Phone Number)	(Cell Phone Number)	(Birth date) (Age) <input type="radio"/> male <input type="radio"/> female
(E-mail address)		
Mother's / Father's Name	Guardian's Name	
Do you play a musical instrument or have a talent you want to share? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify _____		
<b>Contestant</b> shirt is <b>FREE</b> in <b>adult</b> sizes only: <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> x-large <input type="checkbox"/> xx-large <input type="checkbox"/> xxx-large <b>Additional</b> Tee Shirts are available @ <b>\$15.00 Each Adult size only...payment to be included with application:</b> QUANTITY: <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> X-LARGE <input type="checkbox"/> 2XL (\$18) <input type="checkbox"/> 3XL (\$20)		

**NOTE: Parent / guardian must accompany contestant at all times.**

**MEALS:**  
 Please **indicate the NUMBER of meals** needed for **contestant/parents/guardian & family members** following each offered meal: (for example: contestant & 2 parents = 3)

Friday			Dinner	<input type="text"/>
Saturday	Breakfast	<input type="text"/>	Lunch	<input type="text"/>
			Dinner	<input type="text"/>
Sunday	Breakfast	<input type="text"/>	Lunch	<input type="text"/>

**Any Food Allergies?** \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ THIS SECTION BEFORE MARKING EVENTS**

**NOTE:** To aid in matching participants for competition, please identify the participant's physical limitations:  
**Sight Impaired Participants (check one)**                      **Wheelchair Participants (check one)**

- Totally  
 Legally

- Hand Operated                       Limited use of arms  
 Electric                                       pump/ratchet/scooter  
 Racing

Please check the events in which you wish to participate - as a sight impaired or wheelchair participant. This will apply to both team and individual event selections. The event committee will make the final decision regarding individual and team event participation. Participants will be notified of the selection at the time of registration.

**INDIVIDUAL EVENTS**

<b>Events for Sight Impaired Participants:</b>	<b>X</b>
40 Yard Race	
Basketball Free Throw	
Archery	
Golf Putting	
Bicycle Slalom	
Frisbee Throw	
Target Ball	

<b>Events for Wheelchair Participants</b>	<b>X</b>
40 Yard Race	
Basketball Free Throw	
Archery	
Baseball Throw	
Slalom Race	
Frisbee Throw	
Target Ball	

**TEAM EVENTS**

<b>Events for Sight Impaired Participants:</b>	<b>X</b>
Team Relay (Sight Impaired & Wheelchair)	
Softball <b>(legally blind will be blindfolded)</b>	
Horseshoes (Boys vs. Girls)	
Shuffleboard (Girl vs. Boys)	
Kinnard Challenge	
Baseball Game	

<b>Events for Wheelchair Participants</b>	<b>X</b>
Team Relay (Sight Impaired & Wheelchair)	
Basketball Games	
Horseshoes (Boys vs. Girls)	
Shuffleboard (Girls vs. Boys)	
Kinnard Challenge	
Baseball Game	

**ENTRY FORM & MONEY (for additional shirt(s) MUST BE RECEIVED BY JULY 15, 2019.**

**PLEASE COMPLETE THE INFORMATION ON THE ATTACHED PAGES AND RETURN REGISTRATION TO:**

**TelecomPioneers #7 –c/o Arlene Heintzelman, 6312 Salem Park Circle, Mechanicsburg, PA 17050**



**TelecomPioneers  
Annual Sports Jamboree**

**PARTICIPATION**

I hereby give my permission for \_\_\_\_\_ to participate in the TelecomPioneer Sports Jamboree activities and events including the competitive events specified.

**MEDICAL**

I know of no physical or emotional reason why this child should not participate in these events and activities.

**CONSENT TO TREATMENT**

In the event that my child/ward should for any reason require any minor medical or surgical treatment and/or medication during the course of his/her attendance at or participation in the TelecomPioneers Sports Jamboree, I authorize such physician or medical staff the TelecomPioneers Sports Jamboree committee may appoint or designate to carry out the necessary treatment, or to take my child/ward to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well being of my child/ward.

It is understood, however, that if hospitalized or treatment of a more serious nature is required I will be contacted, if at all possible, by telephone for permission.

The physicians, organizers, officers, directors, agents or employees of the TelecomPioneers Sports Jamboree are hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness or damage to person or property during the course of the Telecom Pioneers Sports Jamboree, including transportation to or from the meet and/or to any event, and in that regard, I hereby covenant that on my own behalf and for the child not file a claim or a suit with respect to any such injury or damage.

I, the undersigned, am a parent (or guardian) of the above specified minor. I have read and fully understand the provisions of the above releases and have explained them to said minor. I hereby agree that said minor and I will be bound thereby and I shall defend you and hold you harmless from any disaffirmation thereof by said minor.

Signed \_\_\_\_\_

Address \_\_\_\_\_

Dated \_\_\_\_\_ **2019** \_\_\_\_\_ Emergency Telephone Number \_\_\_\_\_  
(date)

The applicant submitted herein has been interviewed and found acceptable to participate in this Jamboree.

Club Representative \_\_\_\_\_

Date \_\_\_\_\_

Club \_\_\_\_\_

**NO SKATEBOARDS, SCOOTERS, OR PETS (EXCEPT SERVICE DOGS) ARE PERMITTED**

**MEDIA CONSENT AND RELEASE FORM**

For valuable consideration, the receipt and adequacy of which I acknowledge, I irrevocably give to Telecom Pioneers, a Colorado non-profit corporation, its subsidiaries, affiliates, chapters, sponsoring companies, and any of their respective legal representatives, agents, licensees, permittees or assigns (collectively, "Pioneers"), the perpetual, worldwide, exclusive license, right and permission to copyright and/or trademark in the name of Pioneers and to use in any form or fashion, including, but not limited to, advertising, publicity, and all other purposes deemed appropriate by Pioneers, my name, signature, picture, image, likeness, voice, poses, plays, appearances, movements, or any other indicia of my identity or activity of any nature created, depicted, captured or recorded by or at the direction of Pioneers (collectively, "Materials") in or in connection with any and all media of any kind and nature now known or developed in the future (collectively "Media") including social media, for any purpose, in any manner, without further notification, authorization or compensation to me or anyone acting on my behalf for the period of **August 2019 through December 2022**.

I understand that Pioneers may use all Materials at its sole discretion and that I do not have any right to inspect or approve the use of the Materials in any Media. Pioneers may transfer all of the rights granted by this Media Consent and Release Form. I further waive, assign and release to Pioneers all rights associated with the Materials and release Pioneers from any liability associated with the Materials or Pioneers' use of the Materials in any Media.

I am over twenty-one (21) years of age and I have full legal capacity to grant this consent and release, and have read and understood the above consent and release prior to its execution. If I am under twenty-one (21) years of age, my parent or guardian attests that he or she has read and understands the above consent and release prior to execution, and agrees to such consent and release. This release is made on behalf of myself, my heirs, executors, administrators and assigns.

DATED THIS DAY \_\_\_\_\_ YEAR 2019

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_ **2019** \_\_\_\_\_

*(The following consent must be signed, if the person signing above is under twenty-one years of age)*

I, the undersigned, being the parent or guardian of the above person, do hereby consent to the above and release.

PARENT OR GUARDIAN \_\_\_\_\_

SIGNATURE \_\_\_\_\_