









### **Games Information**

PLEASE KEEP THIS PAGE FOR YOUR INFORMATION

Thank you for your participation in the 2025 PEI 55+ Summer Games being hosted by the Town of Three Rivers from September 8th to September 13th.

#### IMPORTANT INFORMATION

- To participate in the games you must be 55 years old or over, by December 31, 2025
- <u>Each participant must complete an individual registration form. Partners and team members</u> must register separately.
- The games take place over 6 days
- You must complete all of the fields, otherwise you will not be registered for the games
- Registration deadline is: August 25, 2025, any submission after this date will not be accepted
  - o GOLF REGISTRATION CLOSES: JULY 31ST (required by Brudenell Golf Course)

#### **FEES**

- The \$5 administration fee is mandatory unless you are a Lifetime member or 90+ years old
- Payments can be in the form of: Cheque, Cash, or E-Transfer
  - Cheques are payable to: Town of Three Rivers
  - E-transfers are payable to: PEI55PLUSGAMESBANKING@GMAIL.COM
- Include your payment with your registration form
- Refunds are available if a written request is submitted at least 7 days before the event.
- No refunds will be issued for no-shows or for luncheon

#### **SUBMISSION**

- Registration forms can be mailed, dropped off, sent via email or completed on the online form found on our website under **REGISTER** (<u>www.pei55plusgamessociety.ca</u>)
- Email to: pei55plusgames@gmail.com OR jgardner@threeriverspei.com

#### REGISTRATION FORMS CAN BE PICKED UP AND MAILED/DROPPED OFF AT THE LOCATIONS BELOW

Charlottetown - Drop Off/Mail	Town of Three Rivers	Town of Three Rivers - Mail
40 Enman Crescent, Room 203 Charlottetown, PE C1E 1E6	172 Fraser Street Montague, PE CoA 1Ro	P.O Box 546 Montague, PE, CoA1Ro Fax: 902-838-3392

#### ADDITIONAL INFORMATION

In the event of poor weather, check the PEI 55+ Games website or Facebook https://pei55plusgamessociety.ca/

- Protective headgear and other safety equipment is required depending on the sport i.e. helmet for biking
- If an event is cancelled due to lack of participation, you will receive a refund within a few weeks after the games are over
- PEI 55+ Office: 902-368-6570 Town of Three Rivers: 902-361-2126











### Schedule PLEASE KEEP THIS FORM FOR YOUR INFORMATION

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Monday Sept 8	Tuesday Sept 9	Wednesday Sept 10	Thursday Sept 11	Friday Sept 12	Saturday Sept 13
OPENING CEREMONY 10:30 AM Brudenell Golf Course	CROKINOLE Singles 9:00 AM Hillcrest United Church	BOCCE BALL 9:00 AM Brudenell Resort Bowling Green	<b>CRIBBAGE</b> 9:00 AM Brudenell Golf & Conference Centre	PICKLEBALL 9:00 AM Recreational Cardigan - Outdoor Courts	WALK & RUN 9:00 AM Montague Waterfront Confederation Trail
<b>GOLF</b> 11:00 AM <b>Womens Scramble</b> Brudenell Golf Course	LAWN BOWLING Doubles M/W 9:30 AM Sherwood Bowling Club	LAWN BOWLING Doubles - Mixed 9:30 AM Sherwood Bowling Club	CELEBRATION LUNCHEON 12:30 PM Brudenell Golf & Conference Centre	<b>DUPLICATE BRIDGE 1:00 PM</b> Hillcrest United Church	PICKLEBALL 9:00 AM Competitive M/W Cardigan - Outdoor Courts
<b>Flag Raising</b> <b>11:30 AM</b> Town Hall - Montague	MOLKKY 10:00 AM Demonstration Brudenell Golf Course	<b>GOLF Mixed Stroke Play 11:00 AM</b> Brudenell Golf Course	45s 1:30 PM Brudenell Golf & Conference Centre	<b>DISC GOLF</b> 1:00 PM Try It Event Three Rivers Disc Golf Course	
<b>CYCLING 10 K</b> <b>1:00 PM</b> West Street Beach Confed Trail	GOLF 11:20 AM Men's Scramble Brudenell Golf Course	GOLF Mixed Scramble 11:00 AM Dundarave Golf Course	SCRABBLE 1:30 PM Cardigan Village Office		
	CROKINOLE 1:00 PM Doubles Hillcrest United Church	<b>WASHER TOSS</b> 1:30 PM Brudenell Resort Bowling Green			
	SHUFFLE BOARD 1:00 PM Cavendish Farms Wellness Centre	SWIMMING 4:00 PM TCAP Aquatic and Fitness Center			
Brudenell Golf Course 82 Dewars Lane, Cardigan Sherwood Lawn Bowling Club					

**Brudenell Resort Bowling Green** Cardigan Pickleball Courts Cardigan Village Office Cavendish Farms Wellness Ctr **Dundarave Golf Course Hillcrest United Church Montague Waterfront Confed Trail** Rodd Brudenell Golf & Conference Ctr 86 Dewars Lane, Cardigan

86 Dewars Lane, Cardigan 388 Station Road, Cardigan 358 Shore Road, Cardigan 21 Sullivan Drive, Montague 82 Dewars Lane, Cardigan 50 Wood Islands Road, Montague Station Road, Montague

10.5 Juniper Drive, Charlottetown **TCAP Aquatic and Fitness Center** 55 Wood Island Road, Montague **Three Rivers Disc Golf Course** 216 Burnt Point Road, Georgetown West Street Beach Confed Trail 13 West Street, Georgetown







Full Name:





### 2025 Summer Games

### **Registration Form**

PARTICIPANT INFORMATION

#### **DATE OF REGISTRATION**

Please print clearly, ALL fields MUST be completed This form must be completed by **EACH** participant

rull Name .				
Preferred Name :		Address:		
Date of Birth:	DD / MM / YY	City/Town:		
Email:		Postal Code		
Phone Number:		Gender:	Male	Female
ACKNOWL	EDGMENT AND PERMISS	ION (read and initial l	boxes)	
I hereby release, remise and forever discharge the PEI 55+ Summer Games host committee and the PEI 55+ Games Society for/from all causes of action, damages or claims arising out of any injury which I may suffer while participating in the Games, no matter what the cause of such injury and/or personal medical emergency.				
55+ Games Soc	release of participant photos and ciety website, and in other pron used for general information mail-	motional materials. I co	onsent to my email	
I hereby agree to all policies, including those regarding harassment, violence, and respect. I have read, and understand, that violating the <u>code of conduct</u> may result in my removal from these, and future games without a refund. (all policies and the code of conduct can be found at https://pei55plusgamessociety.ca/about/bylaws-and-policies/)				
P	articipant Signature		Date	_

A: 40 Enman Crescent, Rm 203, Charlottetown, PE

THANK YOU FOR REGISTERING

P: 902-368-6570 E: PEI55PLUSGAMES@GMAIL.COM Release form MUST be signed by ALL participants











EVANT	READ CAREFULLY: Refer to the schedule to select your events.  Check the boxes & add ALL items + \$5 admin fee at the bottom			
	Each participant must complete an individual registration form.  Partners and team members must register separately.	\$ Total		
45s	☐ Partners Name: \$7			
Crokinole	Singles Pairs \$7/event  Partner Name:			
Cribbage	Doubles \$7 /event  Partners Name:			
Lawn Bowling	<ul> <li>☐ Men's Doubles</li> <li>☐ Women's Doubles</li> <li>☐ Mixed Doubles</li> <li>☐ Partners Name:</li> <li>☐ Partners Name:</li> </ul>			
10 KM Cycle	☐ Predicted Time: \$7			
Pickleball	Please refer to the schedule for game play options    Men's			
2KM Walk	Predicted Time: \$7			
Scrabble	☐ Will borrow a board ☐ I will bring my own board \$7			
5 KM Run	Predicted Time: \$7			
Swimming	☐ Freestyle       ☐ Backstroke       \$7/event         ☐ 50m ☐ 100m       ☐ 50m ☐ 100m       Predicted Time:         ☐ Butterfly       ☐ Breastroke         ☐ 50m ☐ 100m       ☐ 50m ☐ 100m         ☐ Individual Medley ☐ 50m ☐ 100m			











HVΔNT	READ CAREFULLY: Refer to the schedule to select your events.  Check the boxes & add ALL items + \$5 admin fee.			
	Each participant must complete an individual registration form.  Partners and team members must register separately.	\$ Total		
Disc Golf	☐ Attending  This is a free demonstration event! Only pay the \$5 admin fee	FREE		
Washer Toss	☐ Partners Name: \$7			
Bocce Ball	☐ Partners Name: \$7			
Molkky	☐ Partners Name:  This is a free demonstration event! Only pay the \$5 admin fee	FREE		
Duplicate Bridge	☐ Partners Name: \$7			
Shuffleboard	☐ Partners Name: \$7	,		
GOIF GOLF REGISTRATION CLOSES: JULY 31ST (required by Brudenell Golf Course)	Please refer to the schedule for game play options  Scramble - MAX 24 participants (Brudenell) Men's Women's Scramble - MAX 32 participants (Dundarave) Mixed  Team Name: 2 players 4 players Stroke Play - SINGLES - MAX 20 participants (Brudenell)			
Celebration Luncheon	☐ Mixed         ☐ Attending       \$15 /person         Guest? ☐ Yes ☐ No (soup, sandwiches, tea/coffee and treats)         Guest Name:			











### **MEDICAL INFORMATION**

Please complete all of the required information and Keep this form **ON YOUR PERSON AT THE EVENT(S)** 

Full Name :				
Preferred Name :		Date of Birth :	DD / MM	/ [YY]
Health Condition(s):				
Medications:				
Allergies:				
Emergency Contac	t Information			
Name		Relationship		
Phone Number:				

A: 40 Enman Crescent, Rm 203, Charlottetown, PE

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Release form MUST be signed by ALL participants