



Promoting Independent Living for People of all Ages

812-948-8330 | www.lsr14.org

**SENIOR GAMES
SQUAD**

**Looking for Competition, Camaraderie, and Fun,
year round?**

**Want to support LifeSpan Resources mission of
"Promoting Independent Living for People of All Ages"?**

JOIN THE SENIOR GAMES SQUAD!



Become a member of LifeSpan Resources Senior Games Squad, a membership program for area adults age 55+. There are three different membership levels. Each level of membership includes free registration for next year's Senior Games as well as a free t-shirt with the Senior Games Squad logo on the sleeve and access to special "Members Only" events, and a holiday community service project.

Choose from THREE Membership Levels:

Gold Membership: One time donation of \$240 for \$20 a month - Includes your registration and three free Senior Games 2027 registrations which includes t-shirts with Squad logo on the sleeve.

Silver Membership: One time donation of \$120 or \$10 a month - Includes your registration and one free Senior Games 2027 registration which includes t-shirt with Squad logo on the sleeve.

Bronze Membership: One time donation of \$80 or \$7 a month - Includes one free Senior Games 2027 registration which includes t-shirt with Squad logo on the sleeve.

Members Only Events (*Tentative Dates, Locations Times*):

Bowling: Friday, August 14, 2026, 11 a.m. - 1 p.m. at Strike and Spare Family Fun Center, Clarksville
Chair Volleyball: Friday, September 11, 2026, 11 a.m. - 1 p.m. at Southern Ind. Sports Complex, New Albany
Trivia: Friday, October 9, 2026, 11 a.m. - 1 p.m. at Traditions at Hunter Station, Sellersburg
Cards and Games: Friday, November 6, 2026, 11 a.m. - 1 p.m. at Charlestown Arts & Enrichment Ctr., Charlestown
Angel Tree Box Wrapping: Friday, December 4, 2026, 11 a.m. - 1 p.m. at LifeSpan Resources, New Albany
Angel Tree Delivery: Friday, December 11, 2026, 10 a.m. - 1 p.m. at LifeSpan Resources, New Albany
New Years' Crafts and Cards: Friday, January 8, 2027, 11 a.m. - 1 p.m. at FC YMCA Multi-Purpose Room
Toss 'Em: Friday, February 12, 2027, 11 a.m. - 1 p.m. at Southern Indiana Sports Complex, New Albany
Bunco: Friday, March 12, 2027, 11 a.m. - 1 p.m. at Charlestown Arts & Enrichment Ctr., Charlestown
Horseshoes & Picnic: Friday, April 9, 2027, 11 a.m. - 1 p.m. at Community Park, New Albany
SG Cards Practice: Friday, May 14, 2027, 11 a.m. - 1 p.m. at Charlestown Arts & Enrichment Ctr., Charlestown

To become a member, complete the form and return it with your donation.

Yes, I'm ready to join the fun and sign up for the 2026-2027 Senior Games Squad!

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PREFERRED PHONE#: _____

Circle your preferred donations level and schedule:

| Level | One Time Donation | Monthly Donation |
|--------|-------------------|------------------|
| Gold | \$240 | \$20 |
| Silver | \$120 | \$10 |
| Bronze | \$80 | \$7 |

**Make checks payable to
LifeSpan Resources.**

**Add 'Senior Games Squad' on
check note field.**

Mail to: 33 State Street, PO Box 995,
New Albany, IN 47151-0995.

Credit Cards accepted. Visit [lslr14.org](http://lsr14.org) and click on
DONATE to pay, DONATE again and then enter
your custom amount.

*Payment in full or first monthly pledge due by
August 14th.*



Emergency Contact, Medical Release and Permission to Video/Photograph Release Form

I hereby agree for myself, my executors, administrators, and assignees to indemnify and hold harmless all sponsors, officials, persons and agencies connected with the 2026-27 LifeSpan Resources Senior Games Squad events from all claims for damages arising in connection with my participation in the Senior Games Squad.

I have prepared myself for the events that I have entered by practicing prior to the events. To the best of my knowledge and belief, I have no physical restrictions which would prohibit my participation in the events I have selected. I have been advised by the sponsors of the Senior Games Squad that it would be in my best interest to consult my physician in regards to participation in these monthly events. Sponsors and officials have my permission to have a physician attend with me if it is deemed necessary during my participation in the Senior Games Squad events.

I also hereby give my permission to the sponsors of the Senior Games Squad to use my name and/or picture in any newspaper, broadcast or any other account of the event without renumeration to me.

SIGNATURE & DATE

DOCTOR'S NAME PHONE NUMBER

EMERGENCY CONTACT & PHONE NUMBER