



## 2009-2010 Adapted Recreation and Sports Registration Form

**Sport** \_\_\_\_\_

(Please indicate which sport you are registering for-football, 4 ft hoops, fitness, Swim Team, Aquatics, Boccia, Track and Field Etc.)

### Personal Information

Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School Attending this fall: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Medical Information

Disability and/or level of injury: \_\_\_\_\_

Physician and/or Clinic: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please CHECK all that apply to participant:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allergies (see below)   | <input type="checkbox"/> Ear Tubes         | <input type="checkbox"/> Scoliosis           |
| <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Glasses           | <input type="checkbox"/> Seizures            |
| <input type="checkbox"/> Atlanoaxial Subluxation | <input type="checkbox"/> Hearing Aides     | <input type="checkbox"/> Shunt               |
| <input type="checkbox"/> Catheter                | <input type="checkbox"/> Heart Condition   | <input type="checkbox"/> Tracheotomy         |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Hepatitis Carrier | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Diet Restriction _____  | <input type="checkbox"/> Other: _____      |  |

Please provide specific information for any medical condition we should be aware of (Allergies, Activity Restrictions, etc.) \_\_\_\_\_

Does participant use a wheelchair Yes  Manual  or Power ? No

Does participant use other mobility equipment Yes  No  If so, please describe \_\_\_\_\_

### **Waiver of Release of Liability and Publicity**

As a participant, or as a parent/guardian of the participant in this program, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss resulting from participation in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my son/daughter's participation in the program, against the Columbus Recreation and Parks Department, City of Columbus, Ohio Wheelchair Sports Association, agents, employees and volunteers. I do hereby fully release and discharge the Columbus Recreation and Parks Department, City of Columbus, Ohio Wheelchair Sports Association, agents, employees and volunteers for any and all claims from injuries, damage or loss which I have or which may occur to me on account of my son/daughter's participation in the program. I further agree to protect, defend, and hold harmless the Columbus Recreation and Parks Department, City of Columbus, Ohio Wheelchair Sports Association, agents, employees and volunteers from any and all claims resulting or in any way associated with activities of the program. I have read and fully understand the release form.

Parent/Guardian Signature (under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature (18 years old and over) \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned, hereby authorize the Columbus Recreation and Parks Department and Ohio Wheelchair Sports Association to utilize photographs, videotapes, and voice recordings, of the participant to be used exclusively for promotion of the BlazeSports, Columbus program.

Parent/Guardian Signature (under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature (18 years old and over) \_\_\_\_\_ Date \_\_\_\_\_

Please return registration form to:  
Mary Beth Moore, CTRS  
Columbus Recreation and Parks  
1111 E. Broad St.  
Columbus, OH 43205