



PC ATHLETE REGISTRATION FORM SUMMER - FALL 2008

PLEASE CHECK ALL OF THE SPORTS IN WHICH YOU WISH TO PARTICIPATE.

BASKETBALL 981504-11

KAYAKING 981512-11

POWER SOCCER 981505-11

BOWLING 981507-11

q 9/5 q 9/26 q 10/3 q 10/17

(CHECK ALL THAT APPLY)

CYCLING 981509-11

MANDATORY WATER ORIENTATION: (CHOOSE ONE)

q 9/20 q 10/18 q 11/15

(CHECK ALL THAT APPLY)

q THUR. 8/28 6:30-9 PM

q FRI. 8/29 6:30-9 PM

YOU MAY NOT GET A CALL TO VERIFY ENROLLMENT. NOTE PRACTICE TIMES AND LOCATIONS. UNLESS A FEE IS NOTED, THERE IS NO CHARGE FOR WEEKLY PROGRAMS. DONATIONS ARE WELCOME TO MASD AT P.O. BOX 4727, MESA, AZ 85210.

ATHLETE INFORMATION

ARE YOU NEW TO ARIZONA DISABLED SPORTS PROGRAMS? YES NO

IF RETURNING, HAS ANY CONTACT INFORMATION CHANGED? YES NO

FULL NAME: _____

AGE: (6-12) (13-21) (22-39) (40-52) (53+) DATE OF BIRTH: ____ / ____ / ____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: () _____ EMAIL ADDRESS: _____

WOULD YOU LIKE TO BE ON AN EMAIL DISTRIBUTION LIST FOR SPORT UPDATES? YES NO CURRENTLY ON LIST

GENDER: FEMALE MALE ETHNIC ORIGIN (OPTIONAL): _____

PRIMARY LANGUAGE: _____ NAME OF SCHOOL/WORK: _____

NAME & CONTACT OF SCHOOL ATHLETIC DIRECTOR: _____

NAME & CONTACT OF PRIMARY THERAPIST: _____

T-SHIRT SIZE (YOUTH): S M L (ADULT): S M L XL XXL

DISABILITY: AMPUTATION CEREBRAL PALSY DWARFISM MUSCULAR DYSTROPHY SPINA BIFIDA
 SPINAL CORD INJURY TRAUMATIC BRAIN INJURY VISUAL IMPAIRMENT OTHER: _____

DISABLED SPORTS ORGANIZATION MEMBERSHIP # (IF APPLICABLE): _____

SPORTS CLASSIFICATION (IF APPLICABLE): _____

MOBILITY AIDES: _____

MEDICATIONS: _____

DOES THE PARTICIPANT HAVE A HISTORY OF SEIZURES? YES NO

SPECIAL NEEDS/ALLERGIES: _____

PARENT / EMERGENCY CONTACT INFORMATION

FULL NAME: _____ RELATIONSHIP TO ATHLETE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PRIMARY PHONE: () _____

COMPLETE WAIVER ON OPPOSITE SIDE >



DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM AND MEDIA RELEASE FORM

PLEASE NOTE: THERE ARE TWO PLACES ON THIS SHEET THAT REQUIRE A SIGNATURE.

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN DISABLED SPORTS USA'S PROGRAMS, RELATED EVENTS, AND ACTIVITIES, I AND/OR THE MINOR PARTICIPANT, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THE UNDERSIGNED:

1. AGREE THAT PRIOR TO PARTICIPATING, I WILL INSPECT, OR IF A PARENT AND/OR LEGAL GUARDIAN I WILL INSTRUCT THE MINOR PARTICIPANT TO INSPECT, THE FACILITIES AND EQUIPMENT TO BE USED, AND IF I BELIEVE, TO THE BEST OF MY ABILITY, THAT ANYTHING IS UNSAFE, I AND/OR THE MINOR PARTICIPANT WILL IMMEDIATELY ADVISE DISABLED SPORTS USA OF SUCH CONDITION(S) AND REFUSE TO PARTICIPATE.
2. ACKNOWLEDGE AND FULLY UNDERSTAND THAT I AND/OR THE MINOR PARTICIPANT, WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, AND SEVERE SOCIAL AND ECONOMIC LOSSES WHICH MIGHT RESULT ONLY FROM MY OWN ACTIONS, INACTIONS OR NEGLIGENCE OF OTHERS, THE RULES OF PLAY, OR THE CONDITION OF THE PREMISES OR ANY EQUIPMENT USED. FURTHER, THAT THERE MAY BE OTHER RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME.
3. ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING SUCH INJURY, PERMANENT DISABILITY OR DEATH.
4. RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE DISABLED SPORTS USA, ITS AFFILIATED CLUBS, THEIR REPRESENTATIVE ADMINISTRATORS, DIRECTORS, AGENTS, COACHES, AND OTHER EMPLOYEES OF THE ORGANIZATION, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, THEIR HEIRS, AND IF APPLICABLE, OWNERS AND LEASERS OF PREMISES USED TO CONDUCT THE EVENT, ALL OF WHICH ARE HEREINAFTER REFERRED TO AS "RELEASEES", FROM DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

PARTICIPANT'S NAME: _____ SIGNATURE: _____ DATE: _____

FOR PARTICIPANTS OF MINORITY AGE

THIS IS TO CERTIFY THAT I, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THIS PARTICIPANT, DO CONSENT AND AGREE TO HIS/HER RELEASE AS PROVIDED ABOVE OF THE RELEASEES, AND, FOR MYSELF, MY HEIRS, ASSIGNS, AND NEXT OF KIN, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO MY MINOR CHILD'S INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS AS PROVIDED ABOVE, EVEN IF ARISING FROM THEIR NEGLIGENCE.

PARENT SIGNATURE/EMERGENCY PHONE: _____ NAME/DATE: _____

MEDIA RELEASE FORM

NAME: _____ AGE: _____ MALE FEMALE

MEDIA/PHOTO WAIVER: I HEREBY AUTHORIZE AND GIVE MY FULL CONSENT TO DISABLED SPORTS USA TO COPYRIGHT AND/OR PUBLISH ANY AND ALL PHOTOGRAPHS, VIDEOTAPES AND/OR FILM IN WHICH I APPEAR WHILE ATTENDING THIS DS/USA EVENT. I FURTHER AGREE THAT DS/USA MAY TRANSFER, USE OR CAUSE TO BE USED, THESE PHOTOGRAPHS, VIDEOTAPES, OR FILMS FOR ANY EXHIBITIONS, PUBLIC DISPLAYS, PUBLICATIONS, COMMERCIALS, ART AND ADVERTISING PURPOSES, AND TELEVISION PROGRAMS WITHOUT LIMITATIONS OR RESERVATIONS.

SIGNATURE: _____ DATE: _____