



DOING BUSINESS AS  
ARIZONA DISABLED SPORTS

## Mesa Special Olympics “Let no one sit on the sidelines”

### Year round BOWLING Registration Packet

MASD and the City of Mesa provide year-round bowling for athletes ages 16+.

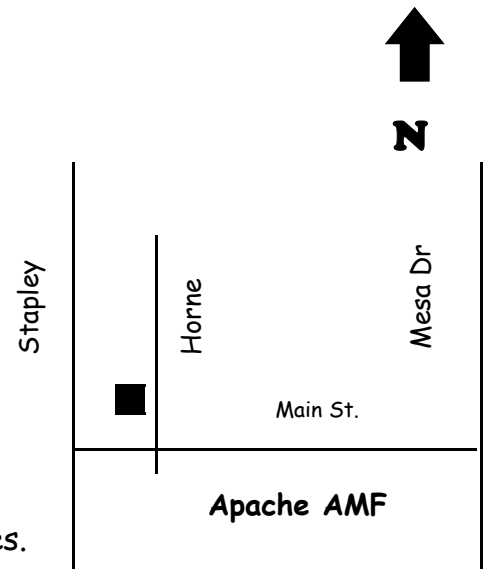
Athletes can participate in the Adult Bowling program on Wednesday afternoons and/or the Saturday Unified Bowling program with a partner, a friend, relative or other non-disabled peer. If you would like to get involved, but don't know a partner or athlete, please sign up. We will pair you with a partner as soon as possible.

#### Adult Bowling - For athletes ages 16+

Season Dates: Year-round  
Practice: Wednesdays 3:30-5:30 pm  
Location: Apache AMF on 816 E Main St  
Cost: \$3.75 for 2 games + shoes

#### Unified Bowling - For athletes and partners ages 16+

Season Dates: Year-round  
Practice: Saturdays 12:30-3 pm  
Cost: \$5 for 3 games + shoes  
Location: Apache AMF on 816 E Main St  
\*Partners must register for Unified Bowling as well as athletes.  
Visit [www.mesadisabledsports.com](http://www.mesadisabledsports.com) for Partner forms.



#### Junior Bowling and East Bowling

Season registration is sent to households and available online in June of each year for junior and east bowling. Both seasons run from July through December.

Please mail, fax or hand deliver completed registration forms to:

City of Mesa Adaptive Parks and Recreation, attention Registration

125 N. Hobson, Mesa, AZ 85203

FAX: 480.644.2698

For further information, contact:

480.644.5702 or [www.mesadisabledsports.com](http://www.mesadisabledsports.com)



# Athlete Registration Form - Year round BOWLING

Please check the section in which you wish to participate.

- Adult Bowling**       **Unified Bowling Athlete**  
 Activity # 981409-12      Activity # 981409-13



## Athlete Information

Are you new to Mesa Adaptive Sports programs?     Yes       No

If returning, has any contact information changed?     Yes       No

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Would you like to be on an MASD email distribution list?     Yes       No

Gender (Circle One)      Female      Male

Ethnic Origin (Optional) \_\_\_\_\_ Primary Language \_\_\_\_\_

Name of school and / or work \_\_\_\_\_

T-Shirt Size (Circle One) Youth: S   M   L      Adult:   S   M   L   XL   XXL

Medical Diagnosis \_\_\_\_\_

Medications \_\_\_\_\_

Does the athlete have a history of seizures?     Yes     No

Special Needs/Allergies \_\_\_\_\_

## Parent/Emergency Contact

Full Name \_\_\_\_\_ Relationship to Athlete \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell/Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

**All athletes must have a completed MASD waiver & Arizona Special Olympics Physical on file with the City of Mesa prior to the first day of practice.**



## Guardian Responsibility Commitment

Mesa Association of Sports for the Disabled, the City of Mesa Adaptive Sports Program, and Mesa Public Schools work hard to provide quality programs in a safe environment. It is the guardian's responsibility to ensure the following commitments are kept. If we all do our part, the athletes will have an optimal experience.

- ★ **Registration** - Complete and turn in all registration materials to the Mesa Parks and Recreation Office before the first day of practice. All athletes must have a completed waiver on file with the Mesa Parks and Recreation Office before the start of the first practice. All forms can be found online at [www.mesadisabledsports.com](http://www.mesadisabledsports.com) or by calling the Parks office.
- ★ **Physicals** - The City of Mesa's Adaptive Sports Program must have a **current** Arizona Special Olympics physical on file for each athlete by the first day of practice. Physicals are good for 3 years. To obtain a new physical or to find out if your physical is current, please call Susan. **It is wise to keep a copy for your own records.**
- ★ **Attendance** - An athlete must attend 80% of the scheduled practices to be eligible to participate at competitions. To be eligible for state competition, athletes must compete in the area competition of that season. An athlete may participate in as many sports as desired but must chose one to compete in during each State tournament.
- ★ **Transportation** - Athletes must arrive and be picked up on time from practices and competitions. Any abuse of this policy could result in a suspension of the athlete from the program. Please note, coaches are not responsible for transporting athletes.
- ★ **Behavior** - The Mesa staff are trained and qualified to handle a variety of difficult situations and behaviors. However, if an athlete's negative behavior increases to the point at which the overall program is affected or others are at harm, the program staff reserve the right to suspend the athlete or to ask any provider, including parents, group home staff, or respite workers, to assist in the behavior management of the athlete or facilitation of the activity. Please inform us of any specific techniques that will help us work with the athlete better. Also, **the program does not provide one-on-one instruction. If an athlete needs a smaller ratio, it is the guardian's responsibility to provide a one-on-one assistant.**

\_\_\_\_\_  
Name of Athlete

\_\_\_\_\_  
Name of Guardian

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

**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.**

**X** \_\_\_\_\_  
Participant's Name (PLEASE PRINT CLEARLY)      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.

**X** \_\_\_\_\_  
Parent's 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.

**X** \_\_\_\_\_  
Signature      Date