



2015-2016 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: _____ Age: _____
Email: _____

Emergency Contact Information

Name: _____
Address: _____
Day Phone: _____
Relationship: _____

Medical Information

Disability and/or level of injury: _____
Physician and/or Clinic: Name: _____
Phone Number: _____

Registrant medically cleared to participate in Exercise and Sports.

Medical Professional Signature _____ Date _____

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, Paralympic Sport Club Columbus, agents, employees and volunteers. I do hereby fully release and discharge the Columbus Recreation and Parks Department, City of Columbus, Paralympic Sport Club Columbus, 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, Paralympic Sport Club Columbus, 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.

Participant Signature (18 years old and over)_____ Date_____

I, the undersigned, hereby authorize the Columbus Recreation and Parks Department and Paralympic Sport Club Columbus to utilize photographs, videotapes, and voice recordings, of the participant to be used exclusively for promotion of the Paralympic Sport Club Columbus program.

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
(614) 645-5648