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: __________ ZipCode: __________

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:

- Allergies (see below)
- Arthritis
- Atlantoaxial Subluxation
- Catheter
- Diabetes
- Diet Restriction
- Ear Tubes
- Glasses
- Hearing Aides
- Heart Condition
- Hepatitis Carrier
- High Blood Pressure
- Scoliosis
- Seizures
- Shunt
- Tracheotomy

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