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
- ☐ Atlanoaxial Subluxation
- ☐ Catheter
- ☐ Diabetes
- ☐ Diet Restriction_____
- ☐ Ear Tubes
- ☐ Glasses
- ☐ Hearing Aides
- ☐ Heart Condition
- ☐ Hepatitis Carrier
- ☐ Other:_____
- ☐ Scoliosis
- ☐ Seizures
- ☐ Shunt
- ☐ Tracheotomy
- ☐ High Blood Pressure

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