

**ADAPTIVE SPORTS ASSOCIATION
SUMMER PARTICIPANT INTAKE FORM
2009**

TODAY'S DATE _____ ACTIVITY DATES _____

NAME _____ M/F ___ AGE _____ DOB _____

IF MINOR, PARENT/GUARDIAN NAME (S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

PHONES: (W) () _____ (H) () _____ (C) () _____

WHERE ARE YOU STAYING IN DURANGO? _____

NAME ROOM IS UNDER _____ PHONE _____

EMERGENCY CONTACT _____ RELATNSP _____ PHONE _____

DISABILITY _____

CAUSE _____ WHEN INCURRED _____

HEIGHT _____ WEIGHT _____

IF DOWN SYNDROME, HAVE YOU HAD A NECK X-RAY? _____

ARE THERE ANY ABNORMALITIES? _____

IF LEARNING DISABLED, WHAT CONCEPTS ARE DIFFICULT? _____

IF VISUALLY IMPAIRED, WHAT IS YOUR FIELD OF VISION? _____

IF HEARING IMPAIRED, WHAT IS THE EXTENT OF HEARING LOSS? _____

IF SPINAL CORD INJURY, WHAT IS YOUR LEVEL OF INJURY? _____

WHAT ADAPTIVE EQUIPMENT DO YOU USE (wheelchair, walker, etc)? _____

ARE THERE ANY PARTS OF YOUR BODY SUSCEPTIBLE TO HEAT/COLD? _____

ARE ANY PARTS OF YOUR BODY SUSCEPTIBLE TO IMPACT? _____

DO YOU HAVE SEIZURES? _____ TYPE _____ CONTROLLED? (Y/N) _____

WHEN WAS YOUR LAST SEIZURE? _____

(OVER, PLEASE)

WHAT MEDICATIONS DO YOU TAKE? _____

FOR WHAT? _____

SPORTS, ACTIVITIES & EXERCISES _____

HOW OFTEN? _____

CONCERNS/FEARS _____

DIETARY CONCERNS/ALLERGIES _____

RECENT INJURIES, ILLNESSES, SURGERIES (IN LAST YEAR), DATES/SPECIFICS _____

IS IT OK WITH YOUR DR. TO PARTICIPATE IN OUTDOOR ACTIVITIES? Y/N _____
(if in question, attach explanation)

WHAT OUTDOOR ACTIVITIES WOULD YOU LIKE TO PARTICIPATE IN?

_____ RIVER RAFTING _____ FISHING

_____ LAKE KAYAKING _____ LAKE CANOEING

OTHER (PLEASE SPECIFY) _____

TO HELP WITH OUR FUNDING, PLEASE CIRCLE ALL THAT APPLY TO YOU.

Cognitive Disabilities

- ADD/ADHD
- Autism
- Behavioral Disorder
- Cognitive Delay (MR)
- Developmental Disability
- Down Syndrome
- Emotional Disorder
- Fetal Alcohol Syndrome
- Fragile-X Syndrome
- Learning Disability
- Other: _____

Diseases

- Arthritis
- Cancer
- Cerebral Palsy
- Diabetes
- Parkinson's
- Multiple Sclerosis
- Muscular Dystrophy
- Polio
- Seizure Disorder/Epilepsy
- Spina Bifida
- Other: _____

Physical Disabilities

- Amputation: _____
- Blind
- Deaf
- Head Injury
- Hearing Impaired
- Other Orthopedic: _____
- Spinal Cord Injury – Level: _____
- Stroke
- Traumatic Brain Injury
- Visually Impaired
- Other: _____

Other Disability _____

How did you first hear about ASA? _____

COMMENTS _____

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(970)- 259-0374

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

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

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 UNDER THE AGE OF 18

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 (PLEASE PRINT CLEARLY)
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MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____
(PLEASE PRINT CLEARLY)

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 of Participant/Guardian

Date