



Adaptive Sports Foundation
Summer Program

2008 Reservation Form

Adaptive Sports Foundation
POB 266, 100 Silverman Way
Windham, NY 12496
518-734-5070 Phone
518-734-6740 Fax
asfwindham@mhcable.com

Name of Participant: _____

Phone (Day) _____ Phone (Ev) _____ Phone (Cell) _____

Local Phone (if applicable) _____ Email Address (please print clearly): _____

Program communications and cancellations are most easily accomplished via e-mail.
Is this a good way to communicate with you? ___ Yes ___ No ___ Please call

Please circle the dates & activities you would like to participate in. NOTE: Phone reservations are also accepted.

Specific pricing and program description are included in the Summer Program 2008 brochure included with this mailing

Table with 3 columns: Date, Program, Deadline. Title: JUNE 2008. Rows include Waterfront Activity Day Camp and Cycling activities.

Table with 3 columns: Date, Program, Deadline. Title: JULY 2008. Rows include Waterfront Activity Day Camp and Cycling activities.

Table with 3 columns: Date, Program, Deadline. Title: AUGUST 2008. Rows include Waterfront Activity Day Camp, EAGA First Swing Golf Camp, and Cycling activities.

Students under the age of 18 at the time of the program must be accompanied by a parent or companion

Please see brochure or call the ASF for program rates – we will be happy to assist you!

TOTAL AMOUNT TO BE CHARGED or ENCLOSED: \$ _____ Checks Payable to the Adaptive Sports Foundation

Credit Card # _____ Exp. Date: _____

Signature: _____ **MASTERCARD, VISA & AMEX ONLY**

SPECIAL GROUPS

Group sessions must be scheduled through the office. Please call to determine activity schedule, dates, and cost.

Please take a minute to fill out participant information included on the reverse of this form.

Participant Name: _____

Please complete the following questions regarding your participation in the following ASF summer programs – this information will help us immensely in preparing our program and staff to best meet your needs

SWIMMING ABILITY

(Required for all waterfront activities; participants in the paddling program must be comfortable in the water)

- The student is:
1. _____ able to swim on his/her own and does not require direct supervision (in addition to the lifeguard)
 2. _____ able to stay afloat and swim short distances, but requires direct supervision (in addition to the lifeguard)
 3. _____ learning how to swim and/or the disability requires one-on-one supervision
 4. _____ must wear a lifejacket at all times and requires one-on-one supervision.

Is the student fearful of the water? _____ Yes _____ No

CYCLING

- Does the student:
1. _____ ride a bike independently,
 2. _____ ride a bike independently but require direct supervision,
 3. _____ wish to learn how to ride a bicycle?

The student: _____ owns his/her own cycle _____ will be using ASF equipment

- The student will use:
1. _____ a handcycle
 2. _____ a recumbent bike
 3. _____ a two-wheeler with helper wheels
 4. _____ a two-wheeler