



Adaptive Sports Foundation

PO Box 266, 100 Silverman Way
Windham, New York 12496
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2011-2012

RETURNING STUDENT PARTICIPANT FORM

Participant Name: _____
Last First Middle

Address: _____
Street City State Zip

County (ie. Westchester): _____ Parent/Guardian: _____

Home Ph.() _____ Cell Ph.() _____ Local/Lodging Ph.() _____

Email: _____

Emergency Contact: _____ Cell phone () _____
Last First

Group name (if applicable): _____

Participant will be: Skiing Snowboarding Rentals Required: Yes No Shoe Size _____

Age: _____ Height: _____ Weight: _____

PRIMARY DISABILITY _____

Adaptive equipment typically used (check any that apply): Mono ski Bi Ski Stand up outriggers
 Tethers to skis Slider Other _____

Due to manufacture requirements there is a 200 lb. limit on sit skis

Seizure history: NO YES Date of last seizure: _____

Type of seizures: petit mal grand mal focal

Behavior & General Attitudes:

Enter the numbers to items below: (1)=Normal (2)=Mild problem (3)=Moderate problem (4)=Severe problem

___ Frustration tolerance ___ Confusion ___ Anxiety ___ Distractibility ___ Temper

___ Impulsiveness ___ Following directions ___ Memory loss ___ Hostility ___ Spatial disorientation

Activity Level in daily life (participation in sports and other activities):

___ Student is very active ___ student is moderately active ___ student is mostly inactive



Participant's name: _____

RETURNING STUDENT UPDATES

Please let us know about any changes in the participant's disability since last winter:

Please let us know about any changes in the participant's medications since last winter:

Please let us know about any changes in the participant's behavior since last winter:

Anything else that you think we should know about the participant?

**DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY
and MEDIA RELEASE FORM**



DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in Disabled Sports USA and Adaptive Sports Foundation 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 and Adaptive Sports Foundation 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 and Adaptive Sports Foundation, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers 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 Signature Participant's Name (PLEASE PRINT CLEARLY) Date

Date of Birth _____ 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/Legal Guardian Signature Parent/Legal Guardian Name Relationship Emergency Phone Date

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA and Adaptive Sports Foundation to copyright and/or publish any and all photographs, digital recordings, videotapes and/or film in which I appear may be used for public view. I further agree that Disabled Sports USA and Adaptive Sports Foundation may transfer, use or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

X _____
Participant's Signature Participant's Name (PLEASE PRINT CLEARLY) Date

FOR PARTICIPANTS UNDER THE AGE OF 18

X _____
Parent/Legal Guardian Signature Parent/Legal Guardian Name Relationship Emergency Phone Date