



WAYFINDER PARALYMPIC GAMES

SATURDAY, APRIL 28, 2018

ATHLETE REGISTRATION



ATHLETE INFORMATION

Last Name _____ First Name _____

Address _____ Ethnicity _____
Street Address City State Zip

Phone _____ E-Mail _____ Date of Birth _____

School Name _____ TVI Instructor _____ Grade _____

- Male Female
- Totally Blind Partially Sighted (High Vision) Partially Sighted (Low Vision)
- Multi-Disabled: In order to give your child the best experience, does your child need any assistance with the following: toileting, walking, non-verbal, etc. .): _____
- T-Shirt (**Adult**) Size: X-Small Small Medium Large XL 2XL
- Transportation Need: We can **only** attend if transportation is provided, so please let us know if available.
Los Angeles Area Only

All Registered Athletes Get a Goody Bag!

EVENTS

No prior sports experience is necessary – staff will instruct athletes at each event. The purpose of the event is to provide all youth with the opportunity to participate in challenging, fun and confidence-building activities, despite their disabilities – and of course, to make new friends!

Your child will automatically be signed up for all the events listed below. Please check **NO** for only those competitions in which he/she **CANNOT** participate due to health/physical reasons (**NOT** due to visual impairment or experience).

- | | | | |
|---|--|--|--|
| Rock Climbing Wall (<input type="checkbox"/> NO) | Challenge Track (<input type="checkbox"/> NO) | Kayak Racing (<input type="checkbox"/> NO) | Rowing (<input type="checkbox"/> NO) |
| Obstacle Course (<input type="checkbox"/> NO) | Tandem Cycling (<input type="checkbox"/> NO) | 50-Yard Dash (<input type="checkbox"/> NO) | Archery (<input type="checkbox"/> NO) |
| Biathlon Laser Rifle (<input type="checkbox"/> NO) | Indoor Shot Put (<input type="checkbox"/> NO) <small>(NEW!)</small> | Javelin (<input type="checkbox"/> NO) <small>(NEW!)</small> | Judo (<input type="checkbox"/> NO) |

EVENT SCHEDULE

- 7:30-8:45 AM Athlete Check-in (Breakfast provided to athletes and available for families to purchase)
- 9:00-9:45 AM Opening Ceremonies and Parade of Athletes
- 10:00-3:30 PM Competition and Closing Ceremony (Lunch provided to athletes and available for families to purchase)



BACK SIDE MUST BE COMPLETED

THIS SIDE MUST BE COMPLETED

CAMP BLOOMFIELD

Weekly Summer Sessions: July–August 2018

Wayfinder Family Services invites you to enjoy the summer at our Camp Bloomfield, where youth can develop self-esteem, build independence and fully experience the joys of childhood in a natural and safe environment. Nestled in the Santa Monica Mountains in Malibu, CA, this 45-acre camp offers week-long summer sessions specially designed to meet the needs of children who are blind, visually impaired or multi-disabled and their families. **For more information, please contact Josh Lucas (323) 295-4555 x272, or visit www.wayfinderfamily.org.**



ATHLETE MEDICAL AUTHORIZATION, MEDIA & LIABILITY RELEASE

This is a legally binding liability release, waiver, discharge and covenants not to sue Wayfinder Family Services, Optimist Blind Youth Association, and any of their employees or agents representing or related to the Wayfinder Paralympic Games. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event. The undersigned, and all family members and guests attending the event, further agree to hold harmless and abide by all rules and regulations as set forth by Wayfinder Family Services, Optimist Blind Youth Association, Quantum Rock Extreme Sports, Inc., and/or its affiliate groups and vendors throughout the event. I represent that the registered participant is physically fit and properly conditioned to participate in the activities associated with this event. As a Parent/Legal Guardian, I give my permission for my child to participate in all of the selected sporting events and release Wayfinder Family Services, Optimist Blind Youth Association, Quantum Rock Extreme Sports, Inc., and/or their employees and/or representatives from liability related to the event.

Permission is hereby given to Wayfinder Family Services, and the Optimist Blind Youth Association to use audio, video recordings, photographic and electronically created images for public view, including publications, websites, or social media sites. Permission is also given to Wayfinder Family Services, and the Optimist Blind Youth Association to profile stories used in grant applications, reports, publications, websites or social media sites. Usage of any images or audio is without compensation to said person or to the undersigned on his/her behalf or individuality.

In the event the registered participant becomes ill or sustains an injury while participating in the Wayfinder Paralympic Games, the participant, or the undersigned parent or legal guardian (if under 18), gives permission to those immediately in charge to administer or provide or to supervise the administration or provision of first aid, if such first aid appears necessary or otherwise advisable in the opinion of those immediately in charge. Should it be impossible or unreasonably difficult to reach the doctor named below within a reasonable amount of time after the event causing the necessity of such communication, or to receive instructions from the undersigned parent or guardian for the athlete's physical care, consent is hereby given to any licensed physician and/or surgeon to treat such athlete, administer drugs and/or medication, or perform such surgical procedures as the emergency may in the opinion of such physician or surgeon reasonably require. Wayfinder Family Services, and Optimist Blind Youth Association are hereby expressly absolved from any and all liability for further injury or other damage or harm caused by physician or surgeon acting pursuant to the terms of this release.

X

Print Name (Parent or Guardian Consent needed if under 18)

By typing your name here, you acknowledge and agree that this will act as your legally binding signature. Forms with typed signatures need to be sent via email

Date

Name of Emergency Contact (Other than Parent or Guardian)

Phone Number of Emergency Contact

Insurance Carrier

Name and Phone Number of Family Doctor

- Is the athlete on any medications? If so, specify: _____
- Does the athlete have any allergies? If so, specify: _____
- Name of person authorized to take athlete home after event: _____

REGISTRATION MUST BE RECEIVED BY APRIL 6, 2018

Please complete this form and return it to Debbie McBeth via fax, mail or e mail:
Wayfinder Family Services * 5300 Angeles Vista Boulevard * Los Angeles, CA 90043
Fax: (310) 321 3498 * E Mail: dmcbeth@wayfinderfamily.org

Questions? Call Debbie McBeth at (323) 290 6291 or e mail dmcbeth@wayfinderfamily.org