



WAYFINDER PARALYMPIC GAMES

SATURDAY, MAY 18, 2019

ATHLETE REGISTRATION



ATHLETE INFORMATION

Last Name _____ First Name _____

Address _____
Street Address City State Zip Code

Phone _____ E-Mail _____ Date of Birth _____

School Name _____ TVI Instructor _____ Grade _____

Gender Female Male Non-binary

Disability 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 Size (Adult) XS Small Medium Large XL 2XL

Number of Guests (not including athlete) Adults _____ Children _____

Transportation We can **only** attend if transportation is provided, so please let us know if available.
 Need *Los Angeles area only.*

ATHLETIC 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 they **CANNOT** participate due to health/physical reasons (**NOT** due to visual impairment or experience.)

<ul style="list-style-type: none"> ▪ Biathlon Laser Rifle <input type="checkbox"/> NO ▪ Indoor Shot Put <input type="checkbox"/> NO ▪ Rowing <input type="checkbox"/> NO ▪ Challenge Track <input type="checkbox"/> NO ▪ Javelin <input type="checkbox"/> NO ▪ Obstacle Course <input type="checkbox"/> NO 	<ul style="list-style-type: none"> ▪ Archery <input type="checkbox"/> NO ▪ 50-Yard Dash <input type="checkbox"/> NO ▪ Tandem Cycling <input type="checkbox"/> NO ▪ Kayak Racing <input type="checkbox"/> NO ▪ Rock Wall Climbing <input type="checkbox"/> NO ▪ Judo <input type="checkbox"/> NO
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EMERGENCY CONTACT INFORMATION

Name of Emergency Contact <i>(Other than parent/guardian; must be over 21 years old)</i>	Emergency Contact's Phone Number

■ Name(s) of the person/people authorized to take the athlete home after the event:

MEDICAL & INSURANCE INFORMATION

Name of Insurance Carrier:

Name of Family Doctor:

■ Is the athlete on any medications? If so, specify:

■ Does the athlete have any allergies? If so, specify:

BACK SIDE MUST BE COMPLETED

THIS SIDE MUST BE COMPLETED

ATHLETE MEDICAL AUTHORIZATION, MEDIA & LIABILITY RELEASE

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 above 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, Optimist Blind Youth Association, and Quantum Rock Extreme Sports, Inc. 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. Further, it is understood that the undersigned will assume full responsibility for any such action, including payment of costs.

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. This is a public event and Wayfinder Family Services is not responsible for any other individual or entity taking or posting images.

The undersigned, and all family members attending the event, agree to 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.

With the full knowledge and appreciation that the listed athletic events are potentially hazardous activities, the registrant, or the undersigned parent or legal guardian (if under 18), assumes all risks associated with participation, including but not limited to personal injury, permanent, temporary, total, or partial disability, disfigurement, paralysis or death, and any other losses or damage to person or property and hereby waive and release Wayfinder Family Services, Optimist Blind Youth Association, Quantum Rock Extreme Sports, Inc., and any and all persons, sponsors and entities, their representatives and successors from any and all liability or responsibility for injuries and/or property damage which participant may sustain during the event or during travel to or from the event, though said liability may arise out of negligence or carelessness on the part of the participant named above, or any hidden, latent or obvious defects in the facilities or equipment used. In addition, the registrant, or the undersigned parent or legal guardian (if under 18) agrees to defend and indemnify Wayfinder Family Services, Optimist Blind Youth Association, Quantum Rock Extreme Sports, Inc. and any and all persons, sponsors and entities, their representatives and successors from any claim or action filed by a third party due to participant actions in this event.

In consideration of the acceptance of my participation in the WAYFINDER PARALYMPIC GAMES, I the undersigned, intending to be legally bound, do hereby for myself (including heirs, executors, administrators and assigns) forever waive, release and discharge any and all rights, claims and actions for damages that I may have, or that may hereafter accrue to me against WAYFINDER FAMILY SERVICES, Optimist Blind Youth Association and Quantum Rock Extreme Sports, Inc., including all of their officers, directors, members and volunteers.

I am aware that this is a release of liability and am signing it of my own free will. By signing below, I confirm that I have carefully read and fully understand its contents.

X	
Print Name (Parent or Guardian Consent needed if under 18) <i>By typing or signing your name here, you acknowledge and agree that this will act as your legally binding signature.</i>	Date

EVENT SCHEDULE

- 7:30-8:45 AM Athlete Check-in
- 9:00-9:45 AM Opening Ceremonies and Parade of Athletes
- 10 AM-3:30 PM Competition and Closing Ceremony

REGISTRATION MUST BE RECEIVED BY APRIL 15, 2019
Please complete this form and return it to Marco Diaz:

Wayfinder Family Services * 5300 Angeles Vista Boulevard * Los Angeles, CA 90043

• Fax: (310)-321-3493 • Email: mdiaz@wayfinderfamily.org

Questions? Call Marco Diaz at (323) 295-4555 x292 or email mdiaz@wayfinderfamily.org