



# ATHLETE REGISTRATION FORM

# SUMMER / FALL 2010

## SPORT SELECTION AND FEE INFORMATION

PLEASE CHOOSE THE SPORT(S) YOU WISH TO PARTICIPATE IN DURING THE 2009 SUMMER/FALL SEASON:

Bowling \_\_\_\_\_ / Cycling \_\_\_\_\_ / Kayaking \_\_\_\_\_ / Power Soccer \_\_\_\_\_ / Wheelchair Basketball \_\_\_\_\_

- Sport One: \_\_\_\_\_ \$35
- Sport Two: \_\_\_\_\_ +\$5
- Sport Three: \_\_\_\_\_ +\$5
- Sport Four: \_\_\_\_\_ +\$0

Total Registration Fee Due \$

## ATHLETE INFORMATION

Are you new to Arizona Disabled Sports Programs?  Yes  No  
 If returning, has any contact information changed?  Yes  No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Age:  (6-12)  (13-21)  (22-39)  (40-52)  (53+) Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  Cell  Home  Work  
 Email Address: \_\_\_\_\_

Would you like to be on an email distribution list for sports updates?  Yes  No  Currently on list  
 Gender:  Female  Male Ethnic Origin (optional): \_\_\_\_\_  
 Name of school/work: \_\_\_\_\_  
 Name and contact of school Athletic Director: \_\_\_\_\_  
 Name and contact of Primary Therapist: \_\_\_\_\_

T-shirt size (youth):  S  M  L (adult):  S  M  L  XL  XXL

Disability:  Amputation  Cerebral Palsy  Dwarfism  Muscular Dystrophy  Spina Bifida  
 Spinal Cord Injury  Traumatic Brain Injury  Visual Impairment  Other: \_\_\_\_\_

Disabled Sports Organization Membership # (if applicable): \_\_\_\_\_

Sports Classification (s): \_\_\_\_\_

Mobility Aides (check all that apply):  
 Cane/Crutches  Manual Wheelchair  Power Wheelchair  Prosthesis  Other (specify): \_\_\_\_\_

Medications: \_\_\_\_\_

Does the participant have a history of seizures?  Yes  No

Special needs or allergies: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Full Name: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_  
 Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
 Cell  Home  Work

## COMPLETE WAIVER ON NEXT PAGE

