Adapted Recreational Sports Registration Form

Parent/Guardian Last Name   First Name  Member Number (If Applicable)

Check One:  □ Member  □ Non-Member

Street Address   City   State   Zip Code

Home Phone   Work/Cell Phone  Parent/Guardian E-Mail

**MUST FILL IN!** Emergency contact   Phone

Participant name   Birth Date

Disability

**Mobility:**  □ Ambulation  □ Wheelchair  □ Crutches  □ Guide Dog  □ Other: __________

**Programs desired**

Children’s Adapted Golf
□ Beginner  □ Intermediate

Children’s Adapted Climbing
□ Beginner  □ Intermediate

Children’s Adapted Aquatics Classes
□ Bobbers, 6 months-2 years  □ Floaters, 6-9 year olds
□ Bubblers, 3-5 year olds  □ Finners, 10-16 year olds

□ Children’s Adapted Gymnastics
□ Children’s Adapted Yoga
□ MS Water Exercise
□ Adult Lap Swim

Total Fees: $____________  Payment Type:  □ Check #_____  □ Credit Card  □ Cash

**Personal Objectives:**

________________________________________________________________
________________________________________________________________

Checklist of forms to include with this:  □ Medical Authorization Form
□ Release of claims (ON BACK)  □ Physician’s release (can be turned in at first class)
Because participation in The Adapted Recreation Sports Program involves physical activity with risk of personal injury or damage to property, it is the policy of The Ohio State University to require participants to execute this Release Form.

1. In consideration of and as a condition of being granted the opportunity to participate in this activity, I do hereby release and forever discharge all officers, students, employees, and all faculty members, and agents of The Ohio State University who arranged, advised, or supervised any function of this activity for myself and my heirs, executors, administrators, and assigns from all claims demands, actions, ad causes of action for personal injury or any other damage now existing or which may arise out of or be in any way related to their negligence or other conduct associated with this activity.

2. I do hereby also agree to acquire – prior to participation in this activity and maintain in force during the period in which I will be engaged in this activity – a policy of health and accident insurance covering hospitalization and treatment for any injuries sustained as a result of such activity. Such insurance shall be through an insurance company authorized and licensed to do business within the State of Ohio and shall provide coverage similar to that coverage obtainable by students through the University.

3. I do hereby release my permission to have photographs that I appear in to be used for the promotion of Adapted Recreational Sports.

4. Registration for any Adapted Recreational Sports Program offering entitles the registered participant access to his/hers activity during the set program schedule. Family members may accompany the participant for the purpose of watching during the program's scheduled time. This registration does not extend any membership privileges to the Department of Recreational Sports' facilities for the participant or family members. Non-member participants abusing this policy may be removed from the program and refused further registration. If interested in purchasing a recreational sports membership, visit www.recsports.osu.edu or call (614) 292-7671.

I HAVE READ AND I DO FULLY UNDERSTAND ALL OF THE ABOVE PROVISIONS

Dated: ________________________________, 20____

___________________________________________
Signature of Participant or Parent/Guardian

___________________________________________
Printed Name

How did you hear about this Adapted Recreational Sports Program? (Please check one)

☐ Received Mailing ☐ Internet ☐ Email ☐ Daycare
☐ Recreation & Physical Activity Center ☐ School ☐ Friend
☐ Newspaper/Newsletter (name)__________________________
☐ Other (specify)_____________________________________

AVAILABLE IN AN ALTERNATE FORMAT UPON REQUEST