

2011-2012 KIDS IN DISABILITY SPORTS ("KIDS") REGISTRATION FORM

SECTION 1: PARTICIPANT REGISTRATION INFORMATION					
Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date:			
Street:	Date of Birth:	New Member __Y __N			
City:	Shirt Size (circle only one) :				
State & Zip Code:	Youth: S (6-8) M (10-12) L (14-16) XL (18-20)				
Phone 1:	Adult: S M L XL 2XL 3XL 4XL				
Phone 2:	Email Address 1:				
	Email Address 2:				
SECTION 2: PARENT/FAMILY CONTACT (Complete only if different from Section 1)					
Name:	Phone 1:				
Street:	Phone 2:				
City:	Email Address 1:				
State & Zip Code:	Email Address 2:				
SECTION 3: PROGRAM SIGN-UP (Check sports/programs you want to participate in)					
<input type="checkbox"/> Soccer ¹	<input type="checkbox"/> Floor Hockey ³	<input type="checkbox"/> Whiffle Ball ⁶	<input type="checkbox"/> Track/Field ⁷	¹ Sept-Oct	² Sept-Mar
<input type="checkbox"/> Bowling ²	<input type="checkbox"/> Basketball ⁴	<input type="checkbox"/> Gymnastics ⁷	<input type="checkbox"/> Baseball ⁸	⁴ Nov-Feb	⁵ Mar-Apr
<input type="checkbox"/> Swimming ²	<input type="checkbox"/> Karate ⁵		<input type="checkbox"/> Golf ⁹	⁷ Apr-May	⁸ May-Jun
				³ Sept-Nov	
				⁶ Mar-Apr	
				⁹ Jun-Aug	
Dates are approximate and subject to change					
SECTION 4: MEDICAL INFORMATION (Answer all questions)					
Participant's disability/diagnosis:					<input type="checkbox"/> Verbal
					<input type="checkbox"/> Non-verbal
SECTION 5: PERMISSIONS AND WAIVERS					
<p>Permission to Participate/Medical Treatment: I hereby give permission for (1) the participant mentioned above to (a) participate in the programs/events/activities conducted by KIDS, and (b) be transported to/from special programs/events/activities, and (2) emergency medical treatment to be administered to the participant mentioned above by qualified medical personnel. KIDS IS NOT RESPONSIBLE for any injury or accident that may occur either during the course of any program/event/activity, including but not limited to transportation to/from the same, or due to the falsification of any information on this form. In the event of any changes to information in this form, I agree to notify KIDS of said change(s) within 21 days. I hereby waive, release, absolve, indemnify, and agree to hold harmless KIDS, its principals, agents, employees, volunteers, sponsors, participants and persons from any and all claims arising out of injury to the participant mentioned above resulting from their participation in KIDS programs/events/activities.</p>					
Parent/Guardian Signature: _____					Date: _____
Participant Signature: _____					Date: _____
<small>(Participant signature required if 18 years or older)</small>					
<p>Permission for Photography/Videography: I give KIDS, Inc. permission to video tape/photograph, and hereby agree to the voice, appearance, and any participation of, any program that a child, parent, guardian or adult takes part in. I also understand and agree that their videos/photographs may appear on television, in the newspaper or on the KIDS website.</p>					
Parent/Guardian Signature: _____					Date: _____
Participant Signature: _____					Date: _____
<small>(Participant signature required if 18 years or older)</small>					

Kids In Disability Sports, Inc., PO Box 1397, Lowell, MA 01853

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