

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 Fanners, 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)

**Release of All Claims
The Ohio State University
Department of Recreational Sports
Adapted Recreational Sports Program**

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