NW ASSOCIATION FOR BLIND ATHLETES

MONTANA SCHOOL *for the* Deaf & Blind

PRESENTS

PARALYMPIC EXPERIENCE BILLINGS, MONTANA

Why: To give students an opportunity to learn basic fundamentals and skills for participating in Goalball, Track & Field, Beep Kickball.

Who: Open to all K-12 blind and visually impaired students. Teachers of the Visually Impaired and other family members will also be welcome. Parents or Teachers are required to supervise students throughout the entire event. Lunch will be provided to all participants and families.

Where: North Park Center, 6th Avenue North & North 19th Street, Billings, MT 59101

When: Saturday, November 21st 2015

Time: 9:00am to 2:00pm

Registration forms are due by November, 18th 2015. Additional Forms are available at http://www.nwaba.org

Northwest Association for Blind Athletes
PO BOX 65265
Vancouver, WA 98665-0009
1-360-448-7254 or 1-800-880-9837
sgibbins@nwaba.org
www.nwaba.org

Billings - Athlete Registration Application

Please send completed form to:
Northwest Association for Blind Athletes
PO Box 65265
Vancouver, WA 98665-0009

Participant Registration Form

Name_____

Address _____

_____

Home Phone_____Cell Phone_____

Date of Birth_____ E-mail Address_____

Favorite Sport and Recreational Interests:

_____

_____

Please check one of the following

Vision: ___ B1 – totally blind

___ B2 – best corrected vision is 20/600 and up

___ B3 – best corrected vision is 20-200 - 20/599

___ B4 – best corrected vision is 20/70 - 20/199

Sex ___Male ___Female

Height_____ Weight_____

Description of Visual Impairment

_____

_____

Additional Disabilities and/or Medical Conditions

_____

_____

Please list any Allergies (Food and/or Environmental):

_____

_____

_____

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Emergency Contact #1:

Name_____

Relationship_____Phone_____

Emergency Contact #2:

Name_____

Relationship_____Phone_____

Waiver: (please read carefully)

By signing this athlete registration form, the participant affirms having understood all terms and conditions. In consideration of my involvement under the auspices of Northwest Association for Blind Athletes (NWABA) and Montana School for the Deaf and Blind (MSDB) at training and competition sites, I acknowledge and agree to the following: 1.I risk bodily injury, including paralysis, dismemberment and death as well as loss or damage to property; 2. I knowingly and freely assume all such risk; 3. I hereby authorize and give my full consent to NWABA and MSDB to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any NWABA or MSDB event. I further agree that Northwest Association for Blind Athletes (NWABA) or Montana School for the Deaf and Blind (MSDB) may transfer, use or cause to be used these photographs, videotapes or films for any exhibitions, public displays, publications, commercials, art and advertising purposes and television programs without limitations or reservations; and 4. I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue the Northwest Association for Blind Athletes (NWABA), Montana School for the Deaf and Blind (MSDB), their officers, officials, volunteers, agents and/or employees, with respect to any such injury, paralysis, dismemberment, death and/or loss or damage to property except that which is the result of gross negligence and/or wanton misconduct.

For athletes of minority age – (under 18 at time of registration), this is to certify that I, as a parent/guardian of this participant, consent to his/her release of the Northwest Association for Blind Athletes (NWABA) and Montana School for the Deaf and Blind (MSDB) from any and all liabilities incident to his/her involvement in the programs conducted at authorized training and competition sites.

_____

Signature Date

Please send completed membership application to:

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