

Challenger Flag Football Information Sheet Form 2011

First Game for 2011 will be Saturday, August 13, 2011.



Participant Name _____

Address _____

City _____ State _____ Zip _____

Male _____ Female _____ Date of birth _____

Home Phone or TTY () _____

Work Phone () _____

E-mail _____

Parent or Guardian Name _____

Relationship to Participant _____

Address _____

City _____ State _____ Zip _____

Home Phone or TTY () _____

Work Phone () _____

Cellular Phone () _____

Emergency Contact Name _____

other than parent/guardian

Home Phone or TTY () _____

Work Phone () _____

Cellular Phone () _____

Primary Disability _____

Secondary Disability _____

Does participant have Down Syndrome? Yes ___ No ___

If yes, have x-rays of the vertebrae been taken? Yes ___ No ___

Is participant clear of Atlantoaxial Dislocation Condition?

Yes ___ No ___

Please attach copy of medical exam, if yes.

Allergies (include food/medication) _____

Medications (include times, frequency, dosages) _____

Major accidents or injuries that could affect participation _____

Does participant have problems with communicating, behavior management, etc? Please explain in detail and attach a copy of any current behavior management plans for participant. _____

Is participant subject to seizures? Yes ___ No ___
(If yes, what type, frequency, duration, after care/rest needed, medications)

Does the participant use a wheelchair? Yes ___ No ___

Manual _____ Electric _____

United Disabilities Services (UDS) is strongly committed to conducting its sports and recreation programs and activities in a safe manner and regards the safety of participants as its highest priority. UDS continually strives to reduce any potential risks and insists that all participants follow all safety rules and instructions that are designed to protect participants' safety. However, participants and parents/guardians of participants registering for programs must recognize that there is inherent risk of injury when participating in any sports and recreation programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the program or activity covered under this agreement. It is advisable, especially if the participant is disabled in any way or has recently suffered any illness, injury, or impairment to consult a physician before undertaking any physical program or activity.

Warning of Risk

Despite careful and proper preparation, instruction, conditioning, and equipment, there is still a risk of serious injury when participating in any sports or recreation program or activity. Participants and parents/guardians must understand that certain risks, dangers, and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects, and any other circumstances inherent with sports and recreation programs and activities continue to exist. As a result, therefore, parents/guardians must recognize that it is impossible for UDS to guarantee the absolute and unconditional safety of participants.

Waiver and Release of UDS from All Claims and Full Assumption of Risk

Please read this form carefully and recognize that in registering for and participating in this program, you will be expressly assuming all risk and legal liability and waiving and releasing UDS from all claims for injuries, damages, or losses which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this sports or recreation program (including transportation services, when and if provided).

I recognize and acknowledge that there are inherent risks of physical injury to participants in this program, and I voluntarily agree to assume full risk for any and all injuries, damages, or losses, regardless of severity, that I or my minor child/ward may sustain as a result of participation.

I further agree to waive and relinquish all claims that I or my minor child/ward may have (or accrue to me or my minor child/ward) as a result of participating in this program against United Disabilities Services, including its officials, agents, volunteers, and employees (hereinafter collectively referred to as "UDS").

I do hereby fully release and forever discharge UDS from any and all claims for injuries, damages, or losses that I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with or resulting from our participation.

Photo/Video Authorization and Consent

I hereby authorize and give my consent to UDS to photograph/videotape me or my minor child/ward, and without limitation, to use these photographs/videos in connection with promoting/advertising the programs, activities, services, and facilities of UDS without consideration of any kind.

Personal Information Authorization and Consent

I further authorize UDS to release personal contact information to other parents/guardians when deemed appropriate and necessary for program operations and/or participant safety, including names, addresses, and phone numbers.

I AGREE TO REMAIN AT THE GYM OR FIELD FOR THE DURATION OF THE FOOTBALL PROGRAM, IN THE EVENT OF AN EMERGENCY WITH MY CHILD.

I have read and fully understand all of the above information, including full assumption of risk and waiver and release of UDS from any and all claims and the photo/video and personal information authorizations and consents, and the requirement to remain at the gym or field for the duration of the football program. I agree to all terms and conditions as set forth above.

Date: _____

Participant's Name: _____

Parent/Guardian Signature: _____

Please Print Parent/Guardian Name: _____