

Registration of \$65 is due by May 31, 2008! After May 31, the fee will increase to \$80.



Idaho Youth Wheelchair Sports Camp REGISTRATION FORM



Parents: Every precaution is taken for your child's protection. Please make sure ALL information in the Medical History section is provided. Athletes with incomplete forms cannot be registered. Please help us have a SAFE and FUN camp.

REGISTRATION

Sports Camp registration is limited to 36 wheelchair athletes on a first-come, first-serve basis. A registration fee of \$65 is due with this completed Registration Form by May 31, 2008. The fee for any registration forms received after May 31 will increase to \$80. Please make checks payable to the Idaho Elks Rehabilitation Hospital, 600 N. Robbins Road, Boise, ID 83702. If you have any questions, please call Kelly Odell at 489-4003 (days) or 343-8692 (evenings).

GENERAL INFORMATION

Athlete's Name: _____ Birth Date: _____ Age: _____
Disability: _____ Main Interests: _____
Parent's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail: _____ Athlete's School: _____
2nd Emergency Contact Name: _____ Phone: _____

T-SHIRT SIZE

Youth: Small Med Large **Adult:** Small Med Large XL

FINANCIAL ASSISTANCE

IMPORTANT

If you feel you are unable to send your son/daughter to Sports Camp due to financial reasons, WE CAN HELP! Partial scholarships are available. Camp is a great experience, please join us!

I am requesting financial assistance.

LIABILITY RELEASE

I understand and acknowledge that my child/ward will be participating in the Idaho Youth Wheelchair Sports Camp (IYWSC) sponsored by the Idaho Elks Rehabilitation Hospital and Boise Parks & Recreation Dept. I understand and acknowledge that my child/ward will be participating and engaging in athletic and athletic-type events while participating in the IYWSC and I understand that there is the possibility of personal injury and/or property damage. Based upon my knowledge and understanding, and in consideration of the opportunity to participate in the IYWSC, I hereby release and hold harmless the Idaho Elks Rehabilitation Hospital, Boise Parks & Recreation Department, and their employees, volunteers, heirs and successors from any and all liability and damages that arise from or is in any way connected with the activities and events of the IYWSC. I give consent to use any photographs or videotape taken of my child/ward in future promotional or marketing materials.

Parent/Legal Guardian Signature: _____ Date: _____
Relationship to Athlete: _____

MEDICAL HISTORY

1. Will the athlete require nursing assistance during camp*? No Yes

If so, please explain in detail _____

If the athlete will need nursing assistance (including restroom needs) during camp, please provide materials for the nurse to use (i.e. a catheter, latex free gloves, diapers, etc.)

2. Is the athlete capable of administering their own medication(s)? No Yes

If no, please provide labeled containers with detailed directions as to time of administration, dosage, etc.

3. Please complete answers below so that we are able to inform and assist in training our volunteers.

- Skin Problems (present/past) _____
- Bladder/Bowel Requirements/Problems* _____
- Drainage Requirement/Devices _____
- Braces or Appliances/Corsets? No Yes _____

4. What devices will be required during active participation? _____

5. Current Medications (list all): _____

6. Does the athlete have special food requirements?* No Yes _____

7. Parental Concerns/Recommendations: _____

8. Diagnosis (list all) and date of onset: _____

9. Are there any special situations we need to be aware of? If yes, please explain:

Allergies No Yes _____

Please list *all* allergies (i.e. latex, food allergies, bees, etc.) _____

Heart Disease No Yes _____

Respiratory Disease No Yes _____

Hi. Blood Pressure No Yes _____

Fainting No Yes _____

Heat Exhaustion No Yes _____

Seizures No Yes _____

Diabetes No Yes _____

Other? No Yes _____

***If the athlete requires a high degree of personal care (i.e. bowel, bladder or feeding) it must be provided by the family. Personal aides are not available to provide this assistance at Camp.**

MEDICAL RELEASE

In case of emergency or accident to _____, I hereby authorize a
(athlete's name)

representative of the Idaho Youth Wheelchair Sports Camp to administer, or make decisions concerning medical assistance. In case of medical emergency or accident, medical assistance may be administered.

Parent/Legal Guardian Signature: _____

Relationship to Athlete _____ Date: _____

*** Please ensure the athlete has all medical and toileting supplies for the entire day/week ***