

Registration Form for Participants

Please print clearly and complete in full

Name _____ Sex _____ M _____ F _____

Address _____ City/State/Zip _____

Date of Birth / / Age _____ Email _____

Home phone () _____ Cell phone () _____

Guardian (if applicable): _____

Address _____ City/State/Zip _____

Home phone () _____ Cell phone () _____

Person completing form _____

Phone () _____

In case of emergency on day of event, please notify:

Name _____

Address _____ City/State/Zip _____

Home phone () _____ Cell phone () _____

Physician's name _____ Physician's Phone () _____

1. Allergies or restrictions, if any (diabetes, bee stings, etc...)

2. List medical conditions (seizure disorder, cardiac, etc...)

Special Accommodations: I need a special accommodation, i.e. a 1:1. Please explain specific need(s) in the space below.

(Please note that one to one volunteers will not be available to push wheelchairs.)**

A staff person will be staying to provide me with assistance throughout the day/coming with me through the events. (Please note: If one staff person is bringing more than one athlete to the event, only check this box on the registration of the person who requires the most staff attention. If two staff are attending, check this box for the two people who need the most support.)**

Release Form for Participants

I, the undersigned, represent and warrant that, to the best of my knowledge and belief, I/my ward is physically and mentally able to participate in the event entitled, Yom Sport. I understand that if I/my ward has Down Syndrome, I/he/she cannot participate in sports or events which by their nature result in hyperextensions, radical flexion or direct pressure on the neck or the upper spine, unless a full radiological examination establishes the absence of atlanto-axial instability.

The organizers of Yom Sport specifically have my permission (both during and anytime thereafter) to use my/my ward's likeness, name, voice and words in television, radio, film, newspaper, magazines and any other media in any form, for the purpose of advertising or communicating the purposes and activities of the event Yom Sport and/or to apply for funds to support those purposes and activities.

If a medical emergency should arise during my/my ward's participation in any Yom Sport activities, and I am not able to give my consent, for whatever reason, I authorize the organizers of Yom Sport to take whatever measures are necessary and which it deems advisable to protect my/my ward's health and well being, including hospitalization.

I have read and fully understand the provisions of the above release and/or have explained the provisions to my ward. I understand that, through my signature of this release form, I am agreeing to the above provisions on my own behalf or on behalf of my ward, and hereby give my permission for my ward to participate in Yom Sport games.

I for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the sponsors, organizers and any individuals associated with the event, their successors and assignors and will hold them harmless for any and all injuries suffered in connections with the event Yom Sport.

▶ _____

Signature of adult athlete

Date

Signature of guardian (if applicable)

Date

Mail completed form with registration payment to:

Jewish Big Brothers Big Sisters
Yom Sport
333 Nahanton Street
Newton, MA 02459

\$5.00 Registration Fee per athlete payable to JBBBS – Yom Sport

Registration deadline: May 24, 2017