



<b>SPORTS for Exceptional Athletes Athlete Registration Form</b>	<u>Mail Registration/Release Forms/Fee to:</u> SPORTS for Exceptional Athletes 9575 Aero Drive Suite B San Diego, CA 92123 Phone: 858-565-S4EA (7432) E-mail: <a href="mailto:sds4ea@gmail.com">sds4ea@gmail.com</a> Website: <a href="http://www.s4ea.org">www.s4ea.org</a>
<b>S4EA Surf Camp #1 Spring Season 2017</b>	

Please Print  Athlete  Sports Partner (Volunteer, Family, Friend, etc.)

Athlete Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex/Gender \_\_\_\_\_  
First Name Last Name Month/Day/Year Male/Female

Address \_\_\_\_\_  
City State Zip

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

I prefer SPORTS for Exceptional Athlete information, newsletters, etc. be sent by:  Email  Mail

Parent/Guardian Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Athlete Shirt Size \_\_\_\_\_

Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medications (medication name, amount, date prescribed, and number of times per day medication needs to be taken) \_\_\_\_\_

Down Syndrome? Yes\_\_ No\_\_ Have cervical spine x-rays been done? Yes\_\_ No\_\_ Atlanto Axial Instability? Yes\_\_ No\_\_  
(neck bone)

Can athlete swim without assistance? Yes\_\_ No\_\_ Can athlete go in the Water? Yes\_\_ No\_\_ Other Swim Info: \_\_\_\_\_

Pertinent medical history info. (epilepsy, diabetes, allergies, tetanus shot date, etc.) \_\_\_\_\_

Diagnosis/Special needs or requirements (wheelchair, etc.) \_\_\_\_\_

<b>S4EA Surf Camp Session #1</b>	Please Note: Camp is for active campers who will be expected to participate in camp activities with their cabin group. Some camp venues (dining hall, sports fields, etc.) are about ½ mile from cabins. Chaperone ratio is approximately 1:3 campers.
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SPORTS for Exceptional Athletes (S4EA) will be offering S4EA Surf Camp Session #1 this spring to be held April 21-23 at YMCA Camp Surf in Imperial Beach. S4EA Surf Camp offers surfing & other beach activities including rock wall climbing, archery & body boarding. The S4EA Camp Registration Fee is \$165 per session to help pay for lodging, meals, insurance, supplies, etc. A non-refundable deposit of \$65 will reserve your spot in S4EA Camp. Mail Fee & S4EA Surf Camp Registration Form as soon as possible to SPORTS for Exceptional Athletes (9575 Aero Drive #B, San Diego, CA 92123).

- Session #1 \$165 April 21-23 at YMCA Camp Surf-Imperial Beach
  - Surfing & Other Beach Activities
- \$ \_\_\_\_\_ \$ 165 S4EA Camp Registration Fee is enclosed for each session attending
- \$ \_\_\_\_\_ \$ 10 Camp T-shirt Size \_\_\_\_\_
- \$ \_\_\_\_\_ Total Make check or money order payable to: SPORTS for Exceptional Athletes

Alternatively, you can send in a non-refundable deposit of \$65 with Registration Form to reserve your spot. You can then pay \$50 as soon as possible and \$50 by the first day of S4EA Camp.

- \$ \_\_\_\_\_ \$65 Non-Refundable Deposit
- \$ \_\_\_\_\_ \$50 Due ASAP
- \$ \_\_\_\_\_ \$50 Due Start of Camp

Signature (Parent/Guardian, or Athlete if 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_



**SPORTS  
for Exceptional Athletes**

SPORTS for Exceptional Athletes is a sports program serving athletes with developmental disabilities ages 5-adult in San Diego County

**RELEASE FORM**

Name of Athlete \_\_\_\_\_ (please print legibly)

I hereby represent and warrant that, to the best of my knowledge and belief, the above named athlete is physically and mentally able to participate in the SPORTS for Exceptional Athletes program involving sports training and competition. I hereby give permission for the above named athlete to participate in the SPORTS for Exceptional Athletes program and adhere to the S4EA Code of Conduct.

In consideration for the SPORTS for Exceptional Athletes program providing the opportunity for above named athlete to participate in the SPORTS for Exceptional Athletes program, I hereby release SPORTS for Exceptional Athletes and its officers, directors, volunteers, agents, contractors, supporters, or any other person associated with SPORTS for Exceptional Athletes, from any and all claims, damage, or injury that the above named athlete may suffer as a result of participation in the SPORTS for Exceptional Athletes program. In addition, I hereby agree to indemnify, defend and hold SPORTS for Exceptional Athletes harmless from any and all claims for loss, damage (including attorneys' fees and costs, including, but not limited to experts and consultants' fees), liability, death, or injury to the person or property arising from or related to the above named athlete's participation in the SPORTS for Exceptional Athletes program.

I assume all risks and hazards involved in, or incidental to, the participation of above named athlete in the SPORTS for Exceptional Athletes program and hereby consent to above named athlete to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician in the event of any injury during any SPORTS for Exceptional Athletes program.

I agree to provide all pertinent medical information to SPORTS for Exceptional Athletes and to assist SPORTS for Exceptional Athletes so that adequate precautions can be made and so that appropriate care can be provided to above named athlete during SPORTS for Exceptional Athletes program. I agree to have all of above named athlete's necessary medication on hand with proper instructions during any SPORTS for Exceptional Athletes program.

I hereby grant SPORTS for Exceptional Athletes, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing the above named athlete's name, voice, likeness or any other identifiable representation of above named athlete or family members. These materials may appear in any form, style, color or medium whatsoever (including photographs, videotapes, films, sound recording, software, drawing, prints, broadcast, internet and electronic media). I agree that all material containing any identifiable representation of above named athlete shall be and remain the sole and exclusive property of SPORTS for Exceptional Athletes. I hereby release and forever discharge SPORTS for Exceptional Athletes from any and all liability and damages relating to the use of above named athlete's name, voice and any other identifiable representation of above named athlete. I have agreed to the above in consideration of the opportunity given to above named athlete by SPORTS for Exceptional Athletes to appear in these materials. I acknowledge that I have fully read and understand this document.

Signature (Parent/Guardian, or Athlete if 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_

Please return completed Release Form, together with the Camp Registration Form and Camp Registration Fee to:

SPORTS for Exceptional Athletes  
9575 Aero Drive Suite B  
San Diego, CA 92123  
Phone: 858-565-S4EA (7432)  
E-mail: [sds4ea@gmail.com](mailto:sds4ea@gmail.com)  
Website: [www.s4ea.org](http://www.s4ea.org)  
Fax: 858-565-7431