



**SPORTS for Exceptional Athletes
Athlete Registration Form**

Mail Registration/Release Forms/Fee to:
 SPORTS for Exceptional Athletes
 8380 Vickers St. Suite E
 San Diego, CA 92111
 Phone: 858-565-S4EA (7432)
 E-mail: sds4ea@gmail.com
 Website: www.s4ea.org

**S4EA SPORTS Camp
Camp Marston April 11-13, 2025**

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.) _____

2025 Spring SPORTS Camp	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 1/2 mile from cabins. Chaperone ratio is approximately 1:3 campers.
--------------------------------	--

SPORTS for Exceptional Athletes (S4EA) is offering S4EA SPORTS Camp this spring to be held April 11-13, 2025 at Camp Marston in Julian. S4EA SPORTS Camp offers a general program of camp & sports activities. The S4EA Camp Registration Fee is \$350 per person to help pay for lodging, meals, insurance, supplies, etc. A non-refundable deposit of \$100 reserves your spot in S4EA Camp. Mail Fee & S4EA Camp Registration Form as soon as possible to S4EA (8380 Vickers Street #E, San Diego 92111). Campers may be dropped-off directly to Camp Marston in Julian which is a little over a 1-hour drive from San Diego.

\$ 75 Transportation Fee – Includes Bus Ride from S4EA Office to Camp Marston on Fri and Return Bus Ride on Sun
 – Must reserve transportation in advance – Limited number of seats available

\$ 150 Supplemental Staffing Fee – Camper needs 1-on-1 chaperone

\$ 350 Registration Fee – Make check or money order payable to: S4EA

Regional Center – S4EA has received Vendor Approval from Regional Center for SPORTS Camp (PQ8659).

I received approval for fees paid from Regional Center worker name-_____ & phone-_____.

<p><u>Family Rate Special & Partial Scholarship</u></p> <p>Families can receive a lower rate when provide one chaperone. Athletes in financial need can apply for a partial scholarship. Call S4EA at 858-565-7432 for more information.</p>

<p><u>Early Bird Special</u></p> <p>Turn in Camp Registration Form and Fee by March 11 & pay Early Bird Price of only \$325. (\$100 advance deposit will lock in the lower rate.)</p>
--

Alternatively, send in non-refundable deposit of \$100 with Registration Form to reserve spot.

\$ _____ \$100 Non-Refundable Deposit \$ _____ Balance Due Two Weeks Before Start of Camp (March 28)

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

Relationship to Athlete _____



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/Safe Sports Guidelines.

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, injury, **or illness** 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, **and from liability resulting from illness such as communicable diseases including COVID-19.**

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
8380 Vickers St. Suite E
San Diego, CA 92111
Phone: 858-565-S4EA (7432)
E-mail: sds4ea@gmail.com
Website: www.s4ea.org
Fax: 858-496-7309

First Time Campers/Supplemental Staffing
First time campers & campers needing supplemental staffing must fill out & return the S4EA New Camper Questionnaire. S4EA will review & determine if SPORTS Camp is appropriate for the Camper/Athlete.