

Official Registration Form

Our 25th Anniversary!

Colorado Junior Wheelchair Sports Camp

June 9-13, 2008

DEADLINE:

Please complete registration form and return by May 26, 2008 to:

Colorado Junior Wheelchair Sports Camp
c/o Mary Carpenter,
1080 South Independence Court
Lakewood, CO 80226-4024
Phone: (303) 985-7525
FAX: (303) 985-0090
E-mail: mcarpenter@viawest.net

Camper's Name _____ Date of Birth ____/____/____ Sex _____
LAST (PLEASE PRINT) FIRST

Address _____ City _____ State _____ ZIP _____

E-mail address _____ @ _____

Camper's Phone (____) _____ Parent/Guardian's Name _____ Work Phone (____) _____

Disability: _____

Other medical conditions/allergies (Please be specific): _____

Seizures: Yes/No _____ Latex allergy: Yes/No _____

Medication to be taken during camp hours (list name of medication(s) and provide specific time(s) and amount(s) to be taken _____

Takes medication (Please check appropriate box): Independently Needs some assistance Needs nurses assistance

Special Instructions _____

Any additional information that the nurses need to know. _____

Emergency Contact: When parent/guardian cannot be reached: _____ (____) _____
Name Phone

Catheter (Please check appropriate box):

- Uses catheter independently
- Needs some assistance
- Needs nurse's supervision

Check catheter times during camp hours:

- 10 a.m.
- Noon
- 2 p.m.

Diapers (Please check appropriate box):

- Uses independently
- Needs assistance with changing
- Needs total assistance

Note: Please send all catheter and diapering supplies in a back pack.

Feeding (Please check appropriate box):

- Needs some assistance
- Needs total assistance

Note: Please provide special equipment for feeding if needed.

Family Doctor: _____ (____) _____
Name Phone

Mobility (Please check appropriate boxes):

- Independent walker
- Needs loaner wheelchair
- Uses wheelchair full time
- Uses wheelchair part time
- Uses power wheelchair
- Uses manual wheelchair
- Uses braces/crutches
- Requires assistance to transfer

Waiver

For and in consideration of Aurora Public Schools, Colorado Sports for the Physically Challenged, Inc., Adaptive Adventures, Inc. and the sponsors of this program, I the undersigned for myself, my heirs, successors and assignees, agree to release and forever discharge Aurora Public Schools Colorado Sports for the Physically Challenged, Inc. and Adaptive Adventures their officers, employees, agents and assignees, from any and all liabilities, demands, or claims for loss or damage resulting from any injury or damage which may be sustained arising out of my participation in the Junior Wheelchair Sports Camp. I hereby also consent to allow medical treatment in case of emergency.

Entry in, participation in or attendance of the Junior Wheelchair Sports Camp constitutes permission to be photographed for possible publicity, promotional or media purposes and constitutes a waiver of any and all claims for compensation from all sponsoring agencies.

Applicant's Signature _____ Signature of Parent/Guardian (if under 18) _____ Date ____/____/____

Witnessed By _____ Date ____/____/____