

**Michigan
Adaptive
Sports**



If I Can Do This, I Can Do Anything.

...a chapter of Disabled Sports USA

4301 Orchard Lake Rd. Ste. 180/B200 West Bloomfield, MI 48323

www.michiganadaptivesports.org

Summer 2011

Dear Participant,

Thank you for your interest in Sports-tacular XI, our adaptive sports weekend program at Camp Dearborn in Milford. Enclosed, please find a registration form and a waiver form. Complete the registration form and sign the waiver, then return them to the address below 10 days before the event is to take place.

**Jill Ellison
Re: Sports-tacular
42005 West 12 Mile Rd.
Novi, MI 48377**

After we receive your completed registration, you will be contacted regarding your acceptance into the program and your schedule for the day(s) requested. We will make every attempt to honor your scheduling requests, but we may need to make changes according to the availability of our volunteers. If adjustments are made, we will consider registrations in the order received. Camp Dearborn is located at 1700 General Motors Road in Milford, 48380. If you need directions, please call.

Due to serious risks involved with outdoor recreation, it is necessary for all minor participants, participants with legal guardians, and participants coming with staff persons from a facility be overseen by their respective responsible party. MAS cannot be responsible for participants' safety while they are waiting for their event to begin, while observing activities, or after the official program has ended for the day. For those coming in groups, we also expect that there will be a proper amount of staff persons in attendance to ensure the safety of the people they are bringing.

For safety and insurance purposes, it is important that anyone actively involved with an event must be a registered volunteer or a registered participant. Guests and family members who do not meet the requirements of a volunteer or participant cannot use MAS equipment or be physically involved with the adaptive sports activities. If you would like further information on our volunteer criteria, expectations, and policies, please feel free to contact Jill Ellison at 248-305-7366.

We look forward to seeing you soon!

Michigan Adaptive Sports Summer Program Coordinators

Sports-tacular XI
September 9--11th 2011
Camp Dearborn, Milford MI.

PARTICIPANT REGISTRATION FORM
(PLEASE PRINT CLEARLY)

Name _____ Sex _____ Age _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Eve) _____

Email Address _____

Emergency Contact: Name _____ Phone _____

Health Insurance Company _____

Doctor's Name _____ Phone _____

SPORTS-TACULAR XI SCHEDULE OF EVENTS

Friday, September 9	Camping Check-In	6 PM
Saturday, September 10	Registration	8AM-8:30AM
	Warm-up/Orientation	8:30AM-9AM
	Sports Clinics	9:30AM-12PM
	Lunch	12PM-1PM
	Sports Clinics	1PM-4PM
	Dinner/DJ Dance	6PM-10PM
Sunday, September 11	Breakfast	8AM-8:30AM
	Warm-up/Orientation	8:30AM-9AM
	Sports Clinics	9:30AM-12PM
	Lunch	12PM-1PM
	Closing	1PM

PARTICIPANT FEES

½ day	\$15 (MAS members)	\$25 (Non-members)	MAS Membership \$25
Full day	\$30 (MAS members)	\$40 (Non-members)	

(No clinics on Friday, pay only if camping. Camping fees on next page.)

Lunch/Dinner included if participating in a sport. Donations greatly appreciated for meals for non-participating guests to help support MAS.

Sports-tacular XI Participant Registration (contd)

Name _____

CAMPING Friday, SEPTEMBER 9TH and Saturday, SEPTEMBER 10TH

We have secured tent/cabins for participants, family members and volunteers. Each tent has a cement foundation and is equipped with six cots, a refrigerator/stove unit, electrical outlets, grills and patio area with picnic table. Cabin/tents are \$20 per night for families. Individuals will be combined with other participants in a cabin. The cost per individual is \$5.

Please circle the events that you are interested in trying:

Kayaking	Golf	Tennis	Moonlight Paddle
Hand Cycling	Fishing	Swim Clinic	Hand Cycle Day Ride
Quad-Rugby	Basketball	Paddle Boats	Open Swim

PLEASE CIRCLE THE DATES/ TIMES YOU PLAN TO ATTEND:

SATURDAY, SEPTEMBER 10th : 8AM-4PM 8-12 PM 12-4 PM

I ALSO PLAN TO BE AT EVENING DINNER ____ Yes ____ No

SUNDAY, SEPTEMBER 11th : 8-12 PM

On the morning of September 11th, we will meet for a group photo by the fishing lake. The rest of the afternoon will consist of group kayaking and water games, and/or a group tour of the camp on hand cycles. Open swim and fishing will also be available all afternoon. Let's have some fun!

PLEASE CHECK IF YOU PLAN ON CAMPING

____ Individuals @ \$5.00 per night
____ Family Cabin @ \$20.00 per night
____ Fri ____ Sat

Total For Sports-tacular XI
MAS participant fees _____
Camping fees _____

Total Enclosed \$ _____

MAKE CHECKS PAYABLE TO: MICHIGAN ADAPTIVE SPORTS

Sports-tacular XI Participant Registration (contd) Name_____

Disability_____ # Years Since Onset_____

Description Of Impairment(s)/Level Of Injury/Movement Limitations, Cognitive or Sensory Involvement (Please Be Specific) _____

Indicate Your Height_____ Weight_____

On A Daily Basis Do You Walk Independently_____
Use Crutches/Walker_____ Walk With Short/Long Braces_____

Use A Manual Wheelchair_____ Use An Electric Wheelchair_____ Use Left/Right/Both Arms In Function_____

List Medications you are on_____ Any sun precautions?_____

Swimming Level: _____unable _____a little _____good swimmer

Kayaking Level: Never Kayaked Before_____ Beginner_____ Intermediate_____ Adv./Independent_____

Hand-cycling Level:
Never Cycled Before_____ Beginner_____ Intermediate_____ Adv./Independent_____

Other Sports or Physical Activities in which you participate? _____

Are you currently under a doctor's care for any condition?
Other than your primary diagnosis? yes no _____

Are you allergic to anything (ie., medication, food, latex)? yes no _____

Do you need to limit your activities for any reason? yes no _____

Do you have seizures? yes no _____

Will rolling sideways onto your shoulders cause pain or
injury to your back or shoulders or cause dizziness? yes no _____

Within the past year, have you had any injury to,
or surgery, on your back, spinal cord, hips, or legs? (please
describe any previous injuries/surgeries, such as previous
fractures, fusions, as well as date of occurrence). yes no _____

Do you wear a back brace? (If yes, describe type of brace). yes no _____

Do you have Harrington rods (or other rods in your back)? If
yes, length of time you've had them. yes no _____

Are there any special medical conditions the program staff
should know about? (ie., hyperreflexia; indwelling catheter;
skin breakdown problems; brittle bones or osteoporosis;
soft tissue problems such as tendonitis, bursitis). yes no _____

Do you have Down's syndrome? yes no _____

Do you have a shunt? yes no _____

Do you have limitations in range of motion in your hips
or knees? yes no _____

MAS & DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM

Please note: there are two places on this sheet that require a signature

MAS & DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in MICHIGAN ADAPTIVE SPORTS OR DISABLED SPORTS USA's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise MICHIGAN ADAPTIVE SPORTS OR DISABLED SPORTS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue MICHIGAN ADAPTIVE SPORTS OR DISABLED SPORTS USA, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participant's Name (PLEASE PRINT CLEARLY) Signature Date

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent's Signature & Emergency Phone Name & Date (PLEASE PRINT CLEARLY)

MEDIA RELEASE FORM

Name _____ (PLEASE PRINT CLEARLY) Age _____ Male _____ Female _____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Michigan Adaptive Sports or Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this MAS or DS/USA event. I further agree that MAS or DS/USA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature of participant/Guardian Date

TO BECOME A MEMBER, OR TO RENEW YOUR MEMBERSHIP FOR THE NEXT CALENDAR YEAR, PLEASE COMPLETE THE BOTTOM OF THIS PAGE AND RETURN IT WITH YOUR DUES PAYMENT TO:

**MICHIGAN ADAPTIVE SPORTS
4301 Orchard Lake Rd Ste 180/B200
West Bloomfield, MI 48323**

DUES: \$25 per year

Checks should be made payable to Michigan Adaptive Sports, or MAS

MEMBERSHIP PERIOD: January 1-December 31 (mailing labels indicate NM for non-members and a year for the last year of membership...single digit).

BENEFITS OF MEMBERSHIP:

- 1) Mailings of all MAS communications regarding upcoming events and activities
- 2) Information on events and activities being sponsored by other groups in this area and other areas
- 3) Priority over non-members in MAS-sponsored events and activities
- 4) Voting privileges in MAS
- 5) Membership in a Chapter of the national organization of Disabled Sports USA, from whom you are eligible for discounted fees at Disabled Sports USA national events
- 6) **Most importantly...you'll be part of what's happening these days in adaptive recreation in this area!**

MEMBERSHIP APPLICATION

MICHIGAN ADAPTIVE SPORTS

Please count me in as a member! I am enclosing membership dues in the amount of \$25, which I understand will be good through December 31, 2011.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Day phone #: (____) _____ **Evening phone #:** (____) _____

Email address: _____

Would you like to receive your newsletter by mail or email (when we are prepared to do the latter)?

Mail

Email

Please check appropriate lines:

____ **Individual with a disability. Please describe disability:**

____ **Volunteer, relative, friend, supporter, health professional, advocate of persons with disabilities. Please describe your relationship or experience with persons with disabilities:**

____ **I am interested also in financial support or in volunteering my services to help in the growth and development of MAS. Do you have any special talents you would like to offer, such as planning special events, grant writing skills, working with promotional materials, computer skills, joining a committee? If so, we'd love to hear from you! Please describe any support you might be able to offer us:**