

Inclusive Sports and Fitness, Inc. Summer Program Mentor Registration



Inclusive Sports and Fitness, Inc. Summer/2017

If you have any questions, please contact the Executive Director, Coach Alex at inclusivesports@outlook.com
Complete and send the form to the Mentor Coordinator , Andrea Sanseviro at asanseviro@gmail.com

Contact Information

First name

Last name

Date of birth

Preferred age group you would like to
mentor

Male or female

Male

Female

Address Information

Street address

Street address line 2

City

State

Postal zip code

Parent's Information (if participant is under 18)

Parent's/Guardian's name

Phone number

Place of work

Email address

Parent's/Guardian's name

Phone number

Place of work

Email address

Emergency Contact 1

In the event of an emergency, please contact:

First name

Last name

Primary phone number

Secondary phone number

Emergency Contact 2

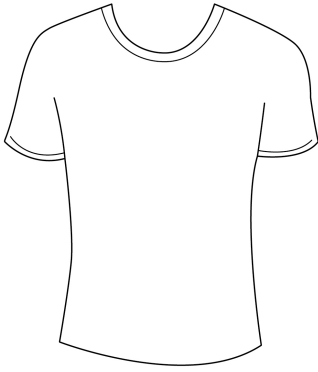
In the event of an emergency, please contact:

First name

Last name

Primary phone number

Secondary phone number



Size

Shirt Size

CONSENT FOR PARTICIPATION / INFORMED CONSENT WAIVER

Inclusive Sports and Fitness, Inc. provides a specialized program for children with disabilities. As one might expect, there is some element of risk involved with any physical activity/exercise, intense athletic program, sensory integration, play, and the use of all exercise and athletic equipment. Although the risk is greatly reduced with the use of safety equipment, proper supervision, training and skilled trainers, there still remains the risk of injury during participation in activities. Therefore, it is necessary to get your permission to allow my child to participate in the exercise and training program provided by the Inclusive Sports and Fitness, Inc. I hereby release Inclusive Sports and Fitness, Inc. owners, employees, and interns from any liability, claims, demands, & causes of action, now or in the future, resulting from soreness or injury however caused, occurring during or after my child's participation in the exercise and sport training program. In signing this Consent for Participation/Informed Consent Waiver, I hereby affirm that I have fully read the above statements & understand the inherent risks involved with participation in the Inclusive Sports and Fitness, Inc. program and agree / give permission for my child to participate. I have been informed of risks and complications that may occur and alternatives that may be available. I acknowledge that no guarantees or assurances have been made to me / my child concerning the results intended from the treatment.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from. By filling in your name below document, I hereby affirm that I have read and fully understand above statements.

Print name to acknowledge you have read the above statement.

Consent to photograph, videotape, and/or record me and/or my child(ren) and to use my or my child(ren)'s name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials.

I consent

I do not consent

Parent Mentor Waiver

My child is applying to volunteer to serve as a youth mentor at the ISF Youth Summer Program. I hereby relieve ISF, the Bayport-Blue Point School District, and all affiliated staff from any and all liability for sickness, accidents or injuries while attending or being transported to/from the camp facilities and property. I acknowledge all risks and responsibilities associated with volunteering and participating in the summer program.

Mentor
Waiver

I agree
I do not
agree

The summer program will meet from July 5 through August 11. Please indicate your availability.

Week 1 - July 5-6

Week 2 - July 10-13

Week 3 - July 17-20

Week 4 - July 24-27

Week 5 - July 31 -August 3

Week 6 - August 7-10

The summer program will meet Monday through Thursday from 12:30-3:30. Please indicate your availability.

Monday

Tuesday

Wednesday

Thursday

WAITING LIST

If the summer session is full, please let us know if you would like to be put on a a waitlist. If you are told you were placed on a waitlist, we will inform you when a spot becomes available.

Yes, place me on a waitlist

No, I do not want to be placed on a waitlist

Medical Information

Primary Physician and
Contact

Dentist and Contact

Insurance Provider

Allergies

None

Food allergies

Asthma

Insect sting allergy

Contact dermatitis

Other

Parent Signature