



Made 2 Thrive Participant Form 2016

I am registering for (circle): Wise County Special Needs Baseball Outward Adventures (15 years and up)
 Sonflower Camp Special Olympics FUEL

Participant Information :

Participant Name: _____ DOB: _____

Preferred Name: _____ Phone Number: _____

Does the above number receive text messages: Yes No Email: _____

Parent/Guardian Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

T-Shirt Size: Child: XS (2-4) S (4-6) M (10-12) L (14-16)
 Adult: AS AM AL AXL A2XL A3XL A4XL A5XL

Mobility (circle most appropriate):

Wheelchair Crutches/gait trainer/etc. Walks with assistance No assistance necessary

Medical: Diabetes: Yes No Seizures: Yes No Allergies: _____

Nature of Disability: _____

Help us know participant better:

Please share any information to help our volunteers as they work with the participant: _____

Please share some things participant enjoys: _____

Please share some things that participant does not like or is fearful of: _____



Release and Consent for Medical Treatment:

I, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of the Made 2 Thrive. Recognizing the possibility of physical injury associated with and in consideration for Made 2 Thrive accepting the registrant for its programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Made 2 Thrive, its affiliated organizations, board and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb or well-being of my dependent.

Name (print) _____ Signature _____ Date _____

Fees:

WCSNB: Spring \$20 Fall \$20 Late Fee: additional \$30 each season

Scholarships are available *before registration deadline only. Volunteer service required for scholarship recipient.*

Outward Adventures: \$5 each at the door

Sonflower Camp: No cost for the participant

Special Olympics: Costs are determined each season, based on the sport

Total Amount Paid: _____ Cash _____ Check # _____ Credit Card: _____

Completed Form Can Be Sent: P.O. Box 601, Bridgeport, TX 76426

All Made 2 Thrive activities need funds. The funds cover building rentals, concessions, prizes, t-shirts, awards, meals, and more. It is necessary to charge our participants in order to cover these costs. Please understand that if our costs are not covered, we must limit our activities. We are sorry, but no payments will be refunded for activities not attended. The costs we impart on our participants is very minimal and, therefore, we appreciate your understanding of this and the payments, as necessary.

OFFICE USE ONLY:
Copy Sent to All Committees: Date: _____ Check: WCSNB OA SO FUEL SFC
Payments: S/F WCSNB OA Cash: _____ Check #: _____ Credit Card: _____
Total Amount: _____ Person Receiving Payment: Initials: _____ Added to
Database: Date: _____ Initials: _____