

# Inclusive Sports and Fitness, Inc. Summer Program Athlete Registration



## Inclusive Sports and Fitness, Inc. Summer Program Experience

If you have any questions, please contact the  
Executive Director, Coach Alex at 631-252-5776 or [inclusivesports@outlook.com](mailto:inclusivesports@outlook.com)

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### Athlete Information

First name

Last name

Date of birth

Age

Male or female

Male

Female

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### Address Information

Street address

Street address line 2

City

State

Postal zip code

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**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

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**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:

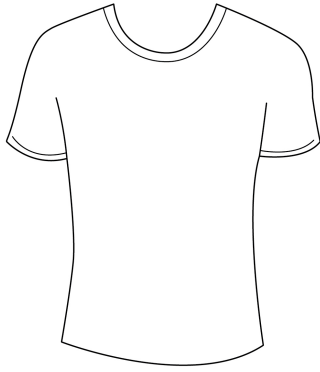
First name

Last name

Primary phone number

Secondary phone number

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Size

### Shirt Size

### MEDICAL INFORMATION WAIVER

I understand current medical information must be on file prior to the start of the program. Your child is required to have a physician's referral or prescription for an occupational therapy assessment and treatment.

I have read and agree with the above statement.

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

Week 1 - July 1-3

Week 2 - July 8-11

Week 3 - July 15-18

Week 4 - July 22-25

Week 5 - July 29 -August 1

Week 6 - August 5-8

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 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

## **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.

By checking below, you are consenting to the use of your electronic signature in lieu of an original signature on paper. You have the right to request that you sign a paper copy instead. By checking here, you are waiving that right. After consent, you may, upon written request to us, obtain a paper copy of an electronic record. Your agreement to use an electronic signature with us for any documents will continue until such time as you notify us in writing that you no longer wish to use an electronic signature. There is no penalty for withdrawing your consent. You should always make sure that we have a current email address in order to contact you regarding any changes, if necessary.

Check to acknowledge.

Allergies

None

Food allergies

Asthma

Insect sting allergy

Contact dermatitis

Other

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

Additional information

Parent Signature