

Adapted Sports League

2022 Summer Registration Form

Ages - 5-12

Tuesdays & Thursdays: June 21 – July 28

5:00pm-6:00pm

\$60.00/Athlete Make checks payable to The Center on Disability Health

Player Name: _____

Gender: M F Age: _____ DOB: _____ Shirt size _____

School child attends: _____

Parent/Guardian Name: _____ Phone: _____

Parent/ Guardian Email: _____

Parent/Guardian Address: _____

Emergency Contact in case parents/guardians can't be reached

Name: _____ Phone: _____

Relationship to child: _____

Emergency Contact #2: _____ Phone: _____

Relationship to child: _____

Player Information:

In the following sections, please check off any statements that apply. You may check off as many as are needed, unless otherwise specified. Please answer thoroughly; giving examples as needed. Use and attach any additional paper if necessary.

Participation Level:

- Has typical attention span for his/her age
- Is under active (needs motivation to participate)
- Stays with group
- Has a short attention span
- Is overactive
- Tends to wander

Please describe how you manage his/her activity level and how you motivate their participation level.

Mobility:

- Run/Walks independently
- Uses a walker
- Needs assistance walking/running
- Wear AFO's or braces on legs
- Uses a wheelchair
- Other _____

Communication:

- Verbal
- Non-Verbal
- Sign Language
- Gestures
- Language Device
- Other? _____

Does the participant understand/respond to questions? Yes No

Can the participant communicate his/her needs and wants? Yes No

Behavior/Social Interaction (Please check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Happy | <input type="checkbox"/> Helpful |
| <input type="checkbox"/> Shy/withdrawn | <input type="checkbox"/> Gets upset easily | <input type="checkbox"/> Eager to learn new things |
| <input type="checkbox"/> Enjoys social gatherings | <input type="checkbox"/> Needs continuous direction | <input type="checkbox"/> Is a leader |
| <input type="checkbox"/> Physically aggressive | <input type="checkbox"/> Verbally aggressive/demanding | <input type="checkbox"/> Uses appropriate touch |
| <input type="checkbox"/> Other: _____ | | |

Please describe any specific ways/tips in handling any behaviors described above:

What usually would trigger any challenging behaviors?

Health Concerns (Please check all current concerns)

- | | | |
|---|---|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Allergy that requires Epinephrine | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Behavior Disorders | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Deaf or hard of hearing | <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes or hypoglycemia |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Mental health condition (anxiety, OCD, etc.) | |
| <input type="checkbox"/> Other (please specify) _____ | | |

Please provide additional information on any condition indicated:

Medications Taken

What For

Side Effects

Parent or Guardian Signature:

_____ Date: _____

**Summer Adapted Sports League
Emergency Release Form**

Name of Child (please print) _____

As legal guardian/parent, I give permission for the above-named individual to receive emergency medical care in case of injury that may occur during the Summer Adapted Sports League. I agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-La Crosse, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from participation in the above-listed program.

Parent or Legal Guardian

Signature

Date

Should my child be involved in an emergency situation, s/he is to be taken to the:

_____ Emergency Room.
(Hospital/Clinic Name)

My family doctor is _____

If I cannot be reached, please contact:

Name _____ Phone _____

Address _____

Relationship to child _____

Center on Disability Health & Adapted Physical Activity
108 Mitchell Hall; 1725 State St
La Crosse, WI 54601
Office Phone: 608-785-8691
scoron@uwlax.edu



Photo and Video/Testimonial Release Form

Copy and reuse form as needed

I/We hereby confer upon the University of Wisconsin-La Crosse, the University of Wisconsin-La Crosse Alumni Association and the University of Wisconsin-La Crosse Foundation the unrestricted and irrevocable right and permission with respect to the photographs and/or video taken of me or my children or in which we may be included with others:

- a) To use, reuse, publish and republish the same intact or in part, separately or in conjunction with other photography, in any medium now and hereafter known, and for any purpose whatsoever (including illustration, promotions, advertising and trade) and;
b) To use my name and any testimonial I have provided to the university in connection therewith if UWL so decides.

I/We hereby release and discharge the photographer and/or videographer and the University of Wisconsin-La Crosse, the University of Wisconsin- La Crosse Alumni Association and the University of Wisconsin-La Crosse Foundation, from all and any claims and demands ensuing from on or in connection with the use of the photographs including any and all claims for libel and invasion of privacy.

I/We have read the foregoing and fully understand the contents hereof.

(Subject's name and signature) Phone Number (Date)

When securing releases from multiple subjects it is acceptable to use one release form signed by all relevant persons. You may use the back of this form for additional signatures.

PHOTOGRAPHY AND VIDEOGRAPHY RELEASE OF MINOR(S)

I have read the foregoing and fully understand the contents hereof. I represent that I am the (parent/guardian) of the below named subjects. I hereby consent to the foregoing on his/her behalf.

Name of Parent or Guardian Minor Name(s)

(Parent or Guardian Signature)

Address

City State Zip

Phone Email

(Witness Name and Signature) (Date)

For office use: Photo and Video/Testimonial used for
Photographer/Videographer