



Athlete Registration Application

Please send completed form to:

Northwest Association for Blind Athletes
PO Box 65265
Vancouver, WA 98665-0009

Participant Registration Form

Name _____

Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ E-mail Address _____

Favorite Sport and Recreational Interests:

Please check one of the following

Vision: B1 – totally blind

B2 – best corrected vision is 20/600 and up

B3 – best corrected vision is 20-200 - 20/599

B4 – best corrected vision is 20/70 - 20/199

Sex Male Female

Height _____ Weight _____

Description of Visual Impairment

Additional Disabilities and/or Medical Conditions

Please list any Allergies (Food and/or Environmental):

Please send completed membership application to:

Northwest Association for Blind Athletes | PO BOX 65265 | Vancouver, WA 98665-0009
360-448-7254 | www.nwaba.org | bhenry@nwaba.org

Emergency Contact #1:

Name _____

Relationship _____ Phone _____

Emergency Contact #2:

Name _____

Relationship _____ Phone _____

Waiver: (please read carefully)

By signing this athlete registration form, the participant affirms having understood all terms and conditions. In consideration of my involvement under the auspices of Northwest Association for Blind Athletes (NWABA) at training and competition sites, I acknowledge and agree to the following: 1. I risk bodily injury, including paralysis, dismemberment and death as well as loss or damage to property; 2. I knowingly and freely assume all such risk; 3. I hereby authorize and give my full consent to NWABA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any NWABA event. I further agree that Northwest Association for Blind Athletes (NWABA) 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; and 4. I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue the Northwest Association for Blind Athletes (NWABA), their officers, officials, volunteers, agents and/or employees, with respect to any such injury, paralysis, dismemberment, death and/or loss or damage to property except that which is the result of gross negligence and/or wanton misconduct.

For athletes of minority age – (under 18 at time of registration), this is to certify that I, as a parent/guardian of this participant, consent to his/her release of the Northwest Association for Blind Athletes (NWABA) from any and all liabilities incident to his/her involvement in the programs conducted at authorized training and competition sites.

Signature

Date

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