



NW ASSOCIATION  
FOR  
**BLIND**  
**ATHLETES**

*PRESENTS*

# **MEDICAL LAKE PARALYMPIC EXPERIENCE**

**Why:** To give youth ages K-12<sup>th</sup> who are blind or visually impaired an opportunity to learn basic fundamentals in Goalball, Judo and cooperative games.

**Who:** Open to ages K-12<sup>th</sup> grade. Parents or guardians are required to supervise students under 18 years of age throughout the entire event.

**Where:** Medical Lake High School  
200 E. Barker Medical Lake, WA 99022

**When:** Friday, March 16, 2018

**Time:** 9:00am Check In  
9:30 -2:00pm  
\*Lunch Provided\*

**Registration is due by Monday March 12, 2018. Additional forms are available at <http://www.nwaba.org>**

**To register, please call or email Krista Pomeroy  
1-360-984-5627 or 1-800-880-9837  
[kpomeroy@nwaba.org](mailto:kpomeroy@nwaba.org)**

Northwest Association for Blind Athletes' mission is to provide life-changing opportunities through sports and physical activity for individuals who are blind or visually impaired.



NW ASSOCIATION  
FOR  
**BLIND**  
**ATHLETES**

& Washington Department Services for the Blind  
*Proudly Present*

**Please send completed form to:**  
Northwest Association for Blind Athletes  
PO Box 65265  
Vancouver, WA 98665-0009

## (Medical Lake) Athlete Registration

### Athlete Registration Form

First Name:	Last Name:	MI:	DOB:	
Address:		City:	State:	Zip:
Home Phone: ( )	Cell Phone: ( )	Gender: N/A <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>		
<b>Parent or Guardian Information:</b>				
First Name:	Last Name:	Email:		
<b>Emergency Contact 1:</b>				
First Name:	Last Name:	Relationship:		
Primary Phone: ( )	Secondary Phone: ( )	Email:		
<b>Emergency Contact 2:</b>				
First Name:	Last Name:	Relationship:		
Primary Phone: ( )	Secondary Phone: ( )	Email:		

*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

*Description of Visual Impairment*

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*Additional Disabilities and/or Medical Conditions*

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**Please send completed membership application to:**

Northwest Association for Blind Athletes | PO BOX 65265 | Vancouver, WA 98665-0009  
 360-448-7254 | [www.nwaba.org](http://www.nwaba.org) | [bhenry@nwaba.org](mailto:bhenry@nwaba.org)

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

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**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) & Washington Department Services for the Blind (WA DSB) 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 & WA DSB to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any NWABA & WA DSB event. I further agree that Northwest Association for Blind Athletes (NWABA) & Washington Department Services for the Blind (WA DSB) 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) & Washington Department Services for the Blind (WA DSB), 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) & Washington Department Services for the Blind (WA DSB) from any and all liabilities incident to his/her involvement in the programs conducted at authorized training and competition sites.**

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Signature

Date

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Additional information for Washington Department Services for the Blind to contact students and families for additional opportunities.

Full Name of Camper: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Email of Parent or Guardian: \_\_\_\_\_

Camper DOB: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

SSN for athlete: (If athlete does not have one, write N/A): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does the camper have an IEP or 504 plan in school? (Check One)  YES  NO

Grade in School as of Fall, 2017: \_\_\_\_\_

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