



NW ASSOCIATION
FOR
BLIND
ATHLETES

NORTHWEST ASSOCIATION
FOR BLIND ATHLETES

PRESENTA...

**BUSQUEDA DE HUEVOS
DE PASCUA CON SONIDO
PARA CIEGOS**

SABADO, 13 DE ABRIL, 2019

**WASHINGTON SCHOOL
FOR THE BLIND**

**OLD MAIN BUILDING
2214 EAST 13TH STREET
VANCOUVER, WA**

**ABIERTO A TODAS LAS FAMILIAS CON
UN NINO O NINA QUIEN TIENE ALGUN
IMPEDIMENTO VISUAL. EL EVENTO SERA
SIN COSTO PARA LAS FAMILIAS.**

NWABA.ORG | 360-984-5627



SCHEDULE:

10:00am Actividades empiezan
actividades incluiran: el conejo de
Pascua, la busqueda de huevos,
ciclismo en pareja, juegos y mas!

10:30am Ninas o Ninos pequenos –
4 anos

10:50am 5 anos – 8 anos

11:10am 9 anos – 12 anos

R.S.V.P. ANTES DEL 1 DE ABRIL
360.984.5627 or mholmes@nwaba.org



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Por favor enviar forma completa a:

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

Participante Forma de Inscripción

Nombre _____

Las Señas _____

Teléfono de Casa _____ Celular _____

Fecha de Nacimiento _____ Correo Electrónico _____

Deporte Favorito y Los Intereses Recreativos:

Número de Miembros de la Familia en Asistencia: _____

(Estaremos proporcionando almuerzo para todos los participantes y sus familias)

Padres/Profesores:

¿Estarías dispuesto a ser voluntario con el ciclismo en tándem durante la clínica? ___ Sí ___ No

Por favor, marque una de las siguientes

Vista: ___ B1 – totalmente ciego
 ___ B2 – mejor vista corregida es 20/600 and mas
 ___ B3 – mejor vista corregida es 20-200 - 20/599
 ___ B4 – mejor vista corregida es 20/70 - 20/199

Sexo ___ Macho ___ Mujer

Tamaño de la Camiseta _____

Descripción de Impairment Visual

Discapacidades Adicionales y/o Condiciones Médicas

Por favor, envíe la solicitud de membresía completa a

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

Por Favor Enumere Alergias (Comida o Ambiental)

Contacto de Emergencia #1:

Nombre _____

Relación _____ Teléfono _____

Contacto de Emergencia #2:

Nombre _____

Relación _____ Teléfono _____

Descargo : (Por favor, encontrar un traductor para leer cuidadosamente)

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.

Firma

Fecha

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