



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

Vision for  
Independence

*PRESENTS*

# **WATER SPORTS EXPERIENCE**

## **YAKIMA, WASHINGTON**

**Why:** To give youth and adults who are blind and visually impaired an opportunity to participate and strengthen fundamental skills for kayaking and stand up paddle boarding.

**Who:** Open to all people who are blind or visually impaired. Individuals under 18 will need to be accompanied by a guardian. Families welcome.

**Where:** Sarg Hubbard Park  
111 S 18th St  
Yakima, WA 98901

**When:** September 22nd, 2017

**Time:** Youth: (K-12<sup>th</sup> grade) 9:30am - 2:30pm  
Adult: (18 years old & up) 1:00pm – 3:00pm  
*Lunch will be served at 12:00pm. All attendees are welcome.*

**Registration is due by Monday, September 18th, 2017. 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)**

**[www.nwaba.org](http://www.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.



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**BLIND**  
**ATHLETES**

# Yakima Water Sports Experience

**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

Sex  Male  Female

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

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

*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](http://www.nwaba.org) | [bhenry@nwaba.org](mailto: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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