NW ASSOCIATION FOR BLIND ATHLETES

PRESENTS:

PARALYMPIC EXPERIENCE SEATTLE, WA

Why: To give youth ages K-12th who are blind or visually impaired an opportunity to learn fundamentals in tandem biking and beep kickball.

Who: Open to ages K-12th grade who are blind or visually impaired. Teachers of the Visually Impaired and other family members are also welcome. Parents or teachers are required to supervise students throughout the entire event.

Where: Magnuson Park
7135 Sportsfield Dr NE
Seattle, WA 98115

When: Saturday, April 10, 2021

Time: 9:45 am Check-in
10:00 to 12:00 pm

Registration is due by Monday, April 5, 2021.
To register, please call or email
Tara Rogowsky: 360-787-7335, trogowsky@nwaba.org
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.

NW ASSOCIATION FOR BLIND ATHLETES

& Washington Department Services for the Blind

Athlete Registration
Seattle, WA

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

Athlete Registration Form

First Name:	Last Name:	MI:	DOB:	
Address:		City:	State:	Zip:
Home Phone: ( )	Cell Phone: ( )	Gender: N/A ☐ Male ☐ Female ☐		
Parent or Guardian Information:				
First Name:	Last Name:	Email:		
Emergency Contact 1:				
First Name:	Last Name:	Relationship:		
Primary Phone: ( )	Secondary Phone: ( )	Email:		
Emergency Contact 2:				
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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360-787-7335 | www.nwaba.org | trogowsky@nwaba.org

Additional Disabilities and/or Medical Conditions

_____

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

_____

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.

_____

Signature Date

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

Full Name of Student: _____

Name of Parent or Guardian: _____

Address (Street, City, State, Zip): _____

Email of Parent or Guardian: _____

Date of Birth: _____ Ethnicity: _____

School District and Name: _____

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

Grade in School as of Spring, 2021: _____

Please send completed registration to:

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