

**Michigan
Adaptive
Sports**



If I Can Do This, I Can Do Anything.

...a chapter of Disabled Sports USA

PO Box 569, Keego Harbor, MI 48320

(248) 988-0156

www.michiganadpativesports.org

Summer 2010

Dear Participant,

Thank you for your interest in Sports-tacular X, our adaptive sports weekend program at Camp Dearborn in Milford. Enclosed please find a registration form and a waiver form. Complete the registration form and sign the waiver, then return them to the address below 10 days before the event is to take place.

**Kevin Mitchell
5866 Carmen Ct. E.
Orchard Lake, MI 48324**

After we receive your completed registration, you will be contacted regarding your acceptance into the program and your schedule for the day(s) requested. We will make every attempt to honor your scheduling requests, but we may need to make changes according to the availability of our volunteers. If adjustments are made, we will consider registrations in the order received. Camp Dearborn is located at 1700 General Motors Road in Milford, 48380. If you need directions, please call.

Due to serious risks involved with outdoor recreation, it is necessary for all minor participants, participants with legal guardians, and participants coming with staff persons from a facility be overseen by their respective responsible party. MAS cannot be responsible for participants' safety while they are waiting for their event to begin, while just observing activities, or after the official program has ended for the day. For those coming in groups, we also expect that there will be a proper amount of staff persons in attendance to ensure the safety of the people they are bringing.

For safety and insurance purposes, it is important that anyone actively involved with an event must be a registered volunteer or a registered participant. Guests and family members who do not meet the requirements of a volunteer or participant cannot use MAS equipment or be physically involved with the adaptive sports activities. If you would like further information on our volunteer criteria, expectations, and policies, please feel free to contact us at 248-988-0156.

Michigan Adaptive Sports Summer Program Coordinators

Sports-tacular X

September 9,10,11 & 12, 2010
Camp Dearborn, Milford MI.

PARTICIPANT REGISTRATION FORM (PLEASE PRINT CLEARLY)

Name _____ Sex _____ Age _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Eve) _____

Email Address _____

Emergency Contact: Name _____ Phone _____

Health Insurance Company _____

Doctor's Name _____ Phone _____

SPORTS-TACULAR X SCHEDULE OF EVENTS

Thursday, September 9	Camping Check-In	All Day
Friday, September 10	Registration	8AM-8:30AM
	Warm-up/Orientation	8:30AM-9AM
	Sports Clinics	9AM-12PM
	Lunch	12PM-1PM
	Sports Clinics	1PM-4PM
	Dinner	6PM
Saturday, September 11	Registration	8-8:30 AM
	Warm-up/Orientation	8:30-9 AM
	Sports Clinics	9AM-12PM
	Lunch	12PM-1PM
	Sports Clinics	1PM-4PM
	Dinner/DJ Dance	6PM-10PM
Sunday, September 12	Breakfast	8AM-8:30AM
	Warm-up/Orientation	8:30AM-9AM
	Sports Clinics	9AM-12PM
	Lunch	12PM-1PM
	Closing	1PM

PARTICIPANT FEES

FREE !!! Lunch/Dinner included if participating in a sport.

Donations greatly appreciated for meals for non-participating guests to help support MAS.

Sports-tacular X Participant Registration (contd)

Name _____

CAMPING Thursday, SEPTEMBER 9TH Friday, SEPTEMBER 10TH SATURDAY, SEPTEMBER 11TH

We have secured tent/cabins for participants, family members and volunteers. Each tent has a cement foundation and is equipped with six cots, a refrigerator/stove unit, electrical outlets, grills and patio area with picnic table). Cabin/tents are \$20 per night for families. Individuals will be combined with other participants in a cabin. The cost per individual is \$5.

PLEASE CIRCLE THE DATES/ TIMES YOU PLAN TO ATTEND:

Friday, SEPTEMBER 10th : 8AM-4PM 8-12 AM 12-4 PM

I ALSO PLAN TO BE AT EVENING DINNER ____Yes ____No

CIRCLE UP TO TWO SPORTS FOR AM AND UP TO TWO SPORTS FOR PM

Kayaking Am Pm Golf Am Pm

Handcycling Am Pm Fishing Am Pm

SATURDAY, SEPTEMBER 11th: 8AM-4PM 8-12 AM 12-4 PM

I ALSO PLAN TO BE AT EVENING DINNER ____Yes ____No

CIRCLE UP TO TWO SPORTS FOR AM AND UP TO TWO SPORTS FOR PM

Kayaking Am Pm Golf Am Pm Tennis Am Pm

Handcycling Am Pm Fishing Am Pm

Quad-Rugby AM PM

SUNDAY, SEPTEMBER 12th : 8-12 AM

We will participate as a group in Kayaking, Handcycling and Fishing this day.

PLEASE CHECK IF YOU PLAN ON CAMPING

____Individuals @ \$5.00 per night

____Family Cabin @ \$20.00 per night

____Thurs ____Fri ____Sat

Total For Sports-tacular X

Camping
Total Enclosed \$_____

MAKE CHECKS PAYABLE TO: MICHIGAN ADAPTIVE SPORTS

MAS & DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM

Please note: there are two places on this sheet that require a signature

MAS & DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in MICHIGAN ADAPTIVE SPORTS OR DISABLED SPORTS USA's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise MICHIGAN ADAPTIVE SPORTS OR DISABLED SPORTS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue MICHIGAN ADAPTIVE SPORTS OR DISABLED SPORTS USA, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participant's Name (PLEASE PRINT CLEARLY) Signature Date

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent's Signature & Emergency Phone Name & Date (PLEASE PRINT CLEARLY)

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____
(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Michigan Adaptive Sports or Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this MAS or DS/USA event. I further agree that MAS or DS/USA 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.

X _____
Signature of participant/Guardian Date