



**SPORTS for Exceptional Athletes
Athlete Registration Form**

**S4EA SPORTS Camp #3
Fall Season 2020**

Mail Registration/Release Forms/Fee to:
SPORTS for Exceptional Athletes
9575 Aero Drive Suite B
San Diego, CA 92123
Phone: 858-565-S4EA (7432)
E-mail: sds4ea@gmail.com
Website: www.s4ea.org

Please Print

☐ Athlete ☐ Sports Partner (Volunteer, Family, Friend, etc.)

Athlete Name _____ Date of Birth _____ Sex/Gender _____
First Name Last Name Month/Day/Year Male/Female

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell () _____ Email _____

I prefer SPORTS for Exceptional Athlete information, newsletters, etc. be sent by: ☐ Email ☐ Mail

Parent/Guardian Name _____ Phone () _____ Cell () _____

Emergency Contact _____ Phone () _____ Cell () _____

Insurance Co. _____ Policy # _____ Athlete Shirt Size _____

Physician _____ Phone () _____

Medications (medication name, amount, date prescribed, and number of times per day medication needs to be taken) _____

Down Syndrome? Yes___ No___ Have cervical spine x-rays been done? Yes___ No___ Atlanto Axial Instability? Yes___ No___
(neck bone)

Can athlete swim without assistance? Yes___ No___ Can athlete go in the Water? Yes___ No___ Other Swim Info: _____

Pertinent medical history info. (epilepsy, diabetes, allergies, tetanus shot date, etc.) _____

Diagnosis/Special needs or requirements (wheelchair, etc.) _____

S4EA Camp Session #3

Please Note: Camp is for active campers who will be expected to participate in camp activities with their cabin group. Some camp venues (dining hall, sports fields, etc.) are about 1/2 mile from cabins. Chaperone ratio is approximately 1:3 campers.

SPORTS for Exceptional Athletes (S4EA) is offering S4EA Halloween SPORTS Camp #3 this fall to be held October 23-25 at Green Oak Ranch in Vista. S4EA SPORTS Camp #3 offers a general program of camp & sports activities as well as Halloween activities including costumes, trick-or-treat & Haunted House. The S4EA Camp Registration Fee is \$195 per session to help pay for lodging, meals, insurance, supplies, etc. A non-refundable deposit of \$75 reserves your spot in S4EA Camp. Mail Fee & S4EA Camp Registration Form as soon as possible to SPORTS for Exceptional Athletes (9575 Aero Drive #B, San Diego, CA 92123).

☐ **Session #3 \$ 195 October 23-25 at Green Oak Ranch-Vista**

☐ General Program of Camp & Sports Activities

☐ \$ _____ \$ 195 S4EA Camp Registration Fee enclosed
for each session attending

☐ \$ _____ \$ 10 Camp T-shirt Size _____

☐ \$ _____ \$ 45 Transportation from S4EA Office at 2:00pm Friday to camp & return to S4EA Office at 4:30pm Sunday

☐ \$ _____ Total Make check or money order payable to: SPORTS for Exceptional Athletes

Alternatively, you can send in a non-refundable deposit of \$75 with Registration Form to reserve your spot.
You can then pay \$60 as soon as possible and \$60 by the first day of S4EA Camp.

☐ \$ _____ \$75 Non-Refundable Deposit ☐ \$ _____ \$60 Due ASAP ☐ \$ _____ \$60 Due Start of Camp

Signature (Parent/Guardian, or Athlete if 18 or older) _____ Date _____

Relationship to Athlete _____

Early Bird Special

Turn in Camp Registration Form and Fee by
October 2 and pay Early Bird Price of only \$180.
(\$75 advance deposit will lock in the lower rate.)



SPORTS for Exceptional Athletes is a sports program serving athletes with developmental disabilities ages 5-adult in San Diego County

RELEASE FORM

Name of Athlete _____ (please print legibly)

I hereby represent and warrant that, to the best of my knowledge and belief, the above named athlete is physically and mentally able to participate in the SPORTS for Exceptional Athletes program involving sports training and competition. I hereby give permission for the above named athlete to participate in the SPORTS for Exceptional Athletes program and adhere to the S4EA Code of Conduct.

In consideration for the SPORTS for Exceptional Athletes program providing the opportunity for above named athlete to participate in the SPORTS for Exceptional Athletes program, I hereby release SPORTS for Exceptional Athletes and its officers, directors, volunteers, agents, contractors, supporters, or any other person associated with SPORTS for Exceptional Athletes, from any and all claims, damage, or injury that the above named athlete may suffer as a result of participation in the SPORTS for Exceptional Athletes program. In addition, I hereby agree to indemnify, defend and hold SPORTS for Exceptional Athletes harmless from any and all claims for loss, damage (including attorneys' fees and costs, including, but not limited to experts and consultants' fees), liability, death, or injury to the person or property arising from or related to the above named athlete's participation in the SPORTS for Exceptional Athletes program.

I assume all risks and hazards involved in, or incidental to, the participation of above named athlete in the SPORTS for Exceptional Athletes program and hereby consent to above named athlete to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician in the event of any injury during any SPORTS for Exceptional Athletes program.

I agree to provide all pertinent medical information to SPORTS for Exceptional Athletes and to assist SPORTS for Exceptional Athletes so that adequate precautions can be made and so that appropriate care can be provided to above named athlete during SPORTS for Exceptional Athletes program. I agree to have all of above named athlete's necessary medication on hand with proper instructions during any SPORTS for Exceptional Athletes program.

I hereby grant SPORTS for Exceptional Athletes, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing the above named athlete's name, voice, likeness or any other identifiable representation of above named athlete or family members. These materials may appear in any form, style, color or medium whatsoever (including photographs, videotapes, films, sound recording, software, drawing, prints, broadcast, internet and electronic media). I agree that all material containing any identifiable representation of above named athlete shall be and remain the sole and exclusive property of SPORTS for Exceptional Athletes. I hereby release and forever discharge SPORTS for Exceptional Athletes from any and all liability and damages relating to the use of above named athlete's name, voice and any other identifiable representation of above named athlete. I have agreed to the above in consideration of the opportunity given to above named athlete by SPORTS for Exceptional Athletes to appear in these materials. I acknowledge that I have fully read and understand this document.

Signature (Parent/Guardian, or Athlete if 18 or older) _____ Date _____

Relationship to Athlete _____

Please return completed Release Form, together with the Camp Registration Form and Camp Registration Fee to:

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