



2010 Registration Form for Participants

Please print clearly

Name _____ Sex M F

Address _____ City/State/Zip _____

Date of Birth / / Email _____

Home phone () Cell phone ()

Guardian (if applicable): _____

Address _____ City/State/Zip _____

Home phone () Cell phone ()

In case of emergency, please notify:

Name _____

Address _____ City/State/Zip _____

Home phone () Cell phone ()

Physician's name and phone _____

Insurance information _____

Private insurance company or Medicaid _____

Policy # _____

1. Allergies or restrictions, if any (diabetes, bee stings, etc...)

2. List medical conditions (seizure disorder, cardiac, etc...)

3. Special accommodations

SELECT ONE:

I do not need one-to-one assistance throughout the day in order to participate

I need help throughout the day in order to participate. I will bring a staff person or a family member to provide assistance for me throughout the day

I need help throughout the day in order to participate. Please assign a volunteer to me for the day. (please provide details below)

Release Form for Participants

I, the undersigned, represent and warrant that, to the best of my knowledge and belief, I/my ward is physically and mentally able to participate in the event entitled, Yom Sport. I understand that if I/my ward has Downs Syndrome, I/he/she cannot participate in sports or events which by their nature result in hyperextensions, radical flexion or direct pressure on the neck or the upper spine, unless a full radiological examination establishes the absence of atlanto-axial instability.

The organizers of Yom Sport specifically have my permission (both during and anytime thereafter) to use my/my ward's likeness, name, voice and words in television, radio, film, newspaper, magazines and any other media in any form, for the purpose of advertising or communicating the purposes and activities of the event Yom Sport and/or to apply for funds to support those purposes and activities.

If a medical emergency should arise during my/my ward's participation in any Yom Sport activities, and I am not able to give my consent, for whatever reason. I authorize the organizers of Yom Sport to take whatever measures are necessary and which it deems advisable to protect my/my ward's health and well being, including hospitalization.

I have read and fully understand the provisions of the above release and/or have explained the provisions to my ward. I understand that, through my signature of this release form, I am agreeing to the above provisions on my own behalf or on behalf of my ward, and hereby give my permission for my ward to participate in Yom Sport games.

I for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the sponsors, organizers and any individuals associated with the event, their successors and assignors and will hold them harmless for any and all injuries suffered in connections with the event Yom Sport.

► _____
Signature of adult athlete

Date

Signature of guardian (if applicable)

Date

Mail completed form to:

Jewish Big Brothers Big Sisters
Yom Sport
333 Nahanton Street
Newton, MA 02459