



# JuniorBlindOlympics

Saturday, April 28, 2012

## Athlete Registration



### Celebrate the spirit of achievement with Junior Blind and the Optimist Blind Youth Association at the Junior Blind Olympics!

All youth, ages 6-19, who are blind, visually impaired or multi-disabled are invited to become athletes and compete with other youth of the same age, gender and visual acuity. It's a great opportunity to enjoy recreational activities, make new friends, and compete at your own level of ability. Additional activities will be available for siblings and other family members to enjoy.



### ATHLETE INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Name \_\_\_\_\_ Current Grade \_\_\_\_\_ Ethnicity \_\_\_\_\_

1.  Male  Female
2.  Totally Blind  Partially Sighted (High Vision)  Partially Sighted (Low Vision)
3. T-Shirt (Adult) Size:  Small  Medium  Large  XL  2XL
4. Transportation Need:  We can only attend if transportation is provided, so please let us know if available.

### EVENTS:

Please note that ***no prior sports experience*** is necessary – staff will instruct athletes at each event. The purpose of the event is to provide all youth with the opportunity to participate in challenging, fun and confidence-building activities, despite their disabilities.

- Soccer Throw (ages 6-12)
- Archery (ages 6-19)
- Goal Ball (ages 6-19)
- Long Jump (ages 6-19)
- Rowing (ages 6-19)
- 50-Yard Dash (ages 6-19)
- Rock Climbing (ages 10-19)
- Shot Put (ages 13-19)

**7:30-8:30 a.m.**  
Athlete Check-in  
*(Breakfast provided to athletes and available for families to purchase)*

**9:00-10:00 a.m.**  
Opening Ceremonies

**10:00-3:00 p.m.**  
Competition and Closing Ceremony  
*(Lunch provided to athletes and available for families to purchase)*

Your child will automatically be signed up for all the events. Please list all events in which he/she **CANNOT** participate due to health/physical reasons (**NOT** due to his/her visual impairment or experience): \_\_\_\_\_

***Reverse side MUST be completed***

## *This side MUST be completed*

### **CAMP BLOOMFIELD: Weekly Summer Sessions: June 25-August 23**

Junior Blind invites you to spend the summer at our Camp Bloomfield, where children and youth can develop self-esteem, build independence and fully experience the joys of childhood in a natural and safe environment. Nestled in the Santa Monica Mountains in Malibu, CA, this 40-acre camp offers week-long summer sessions specially designed to meet the needs of children who are blind, visually impaired or multi-disabled and their families. For more information, please contact Frank Cardenas at (323) 290-6298 or visit [www.juniorblind.org/camp](http://www.juniorblind.org/camp).

Yes! Please send me an application for Camp Bloomfield

### **ATHLETE MEDICAL AUTHORIZATION, MEDIA & LIABILITY RELEASE**

This is a legally binding liability release, waiver, discharge and covenants not to sue Junior Blind of America, Optimist Blind Youth Association, and any of their employees or agents representing or related to the Junior Blind Olympics. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for this event. The undersigned, and all family members and guests attending the event, further agree to abide by all rules and regulations as set forth by Junior Blind of America, Optimist Blind Youth Association, and/or its affiliate groups and vendors throughout the event. I represent that the registered participant is physically fit and properly conditioned to participate in the activities associated with this event. As a Parent/Legal Guardian, I give my permission for my child to participate in all of the selected sporting events and release Junior Blind of America, Optimist Blind Youth Association, Quantum Rock Extreme Sports, Inc., and/or their employees and/or representatives from liability related to the event.

Full permission is hereby given to Junior Blind of America and Optimist Blind Youth Association to take pictures, motion pictures, video tape or live television pictures, or otherwise record, preserve, reproduce or depict the activities, voice and likeness of the above-mentioned participant and any family members or guests of said participant, and to use any and all of the same publication including television release and theater viewing, and website or social media site without compensation to said person or to the undersigned on his/her behalf, or individuality.

In the event the registered participant becomes ill or sustains an injury while participating in the Junior Blind Olympics, the participant, or the undersigned parent or legal guardian (if under 18), gives permission to those immediately in charge to administer or provide or to supervise the administration or provision of first aid, if such first aid appears necessary or otherwise advisable in the opinion of those immediately in charge. Should it be impossible or unreasonably difficult to reach the doctor named below within a reasonable amount of time after the event causing the necessity of such communication, or to receive instructions from the undersigned parent or guardian for the athlete's physical care, consent is hereby given to any licensed physician and/or surgeon to treat such athlete, administer drugs and/or medication, or perform such surgical procedures as the emergency may in the opinion of such physician or surgeon reasonably require.

Junior Blind of America and Optimist Blind Youth Association are hereby expressly absolved from any and all liability for further injury or other damage or harm caused by physician or surgeon acting pursuant to the terms of this release.

\_\_\_\_\_  
Signature (Parent or Guardian signature needed if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Emergency Contact (Other than Parent or Guardian)

\_\_\_\_\_  
Phone Number of Emergency Contact

\_\_\_\_\_  
Family Doctor

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy Number

- Is the athlete on any medications?  Yes  No If so, specify: \_\_\_\_\_
- Does the athlete have any allergies?  Yes  No If so, specify: \_\_\_\_\_
- Name of person authorized to take athlete home after event: \_\_\_\_\_

### **REGISTRATION MUST BE RECEIVED BY FRIDAY, MARCH 16, 2012**

Please complete this form (print clearly in blue/black ink) and return it to Debbie McBeth:  
Junior Blind • 5300 Angeles Vista Boulevard • Los Angeles, CA 90043 • Fax: (323) 295-3021  
Questions? Contact Debbie McBeth at (323) 290-6291 or [dmcbeth@juniorblind.org](mailto:dmcbeth@juniorblind.org)