

GLASA REGISTRATION FORM

The registration form must be completed and mailed or faxed with the appropriate fees to:

**GLASA
400 East Illinois Road
Lake Forest, Illinois 60045**

**Fax: (847) 283-0973
Office: (847) 283-0908**

Participant Name: _____ Date of Birth: _____

Parent Name(s) if under 18: _____

Phone: _____ Cell: _____ Email: _____

Address: _____ City: _____

County: _____ Township: _____ State: _____ Zip: _____

Disability/Medical Classification _____

Ethnicity (Optional): African-American Asian Caucasian Native American Hispanic Other

Township or County _____

Diet and Medications: _____

Restrictions: _____

Medical Insurance Company: _____ Phone: (____) _____

Policy Holder's Name: _____ Policy Number: _____

Program Name	Fee	Please indicate any dates you are UNABLE To attend.

Total Amount Due: _____

Please write a check out to GLASA and mail to the above address or enter credit card information below.

Visa or MasterCard Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Signature: _____

(Credit card registration must include Account Number, Expiration Date, CVV security code and Signature).

****Fees must be paid and waivers signed to participate.****

****Contact the GLASA office at 847-283- 0908 if FINANCIAL ASSISTANCE is needed.****



Please indicate if you would like to receive GLASA's newsletter by

Mail Only
 Email Only
 Both mail and email

Waiver Form - GLASA

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF THE ADULT PARTICIPATING OR PARENT/GUARDIAN OR PARTICIPANT AS WELL AS DATE ARE NOT ON THIS WAIVER.

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY TRAINING, COMPETITION, MEETING OR TESTING SESSIONS.

BY SIGNING THIS FORM, THE PARTICIPANT AFFIRMS HAVING READ THE WAIVER.

PARTICIPANT'S NAME: _____ **DATE OF BIRTH:** ____/____/____

SPONSORING ORGANIZATIONS: Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association

IN CONSIDERATION of being allowed to participate in any way in the sports and activities of Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association my involvement under the auspices of Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association, this sponsoring organization, I acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, dismemberment and death and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; as well as loss of or damage to property.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and,
3. I, willingly agree to comply with the stated customary terms and conditions for participation. If however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and,
4. FOR MY SELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association, THEIR OFFICERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, and/or LOSS or DAMAGE TO PERSON OR PROPERTY WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE and/ or WANTON MISCONDUCT.

PUBLICITY STATEMENT: I DO NOT _____ grant permission for pictures taken of participant (taken by individuals; i.e. other participants, parents, etc.) and name of participant to be used by GLASA for the purpose of agency promotion and education.

EMERGENCY TREATMENT PERMISSION: I know that GLASA does not carry medical or accident insurance. My family's own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of each individual. I agree to emergency treatment by a physician or hospital in the event I cannot be reached.

I HAVE READ THIS RELEASES OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE

DATE SIGNED

FOR PARTICIPANTS UNDER THE AGE OF 18 AT TIME OF REGISTRATION

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release but also to release and indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs for myself, my heirs, assigns and next of kin.

PARTICIPANT'S SIGNATURE

DATE SIGNED

PARENT/GUARDIAN'S SIGNATURE

DATE SIGNED

EMERGENCY PHONE NUMBER: _____



GLASA 847-283-0908 (phone) 847-283-0973 (fax) www.glasa.org