



# 35th Colorado Junior Wheelchair Sports Camp June 11-15, 2018

## Official Registration Form

**DEADLINE:**

Please complete registration form and return by May 18, 2018 to:

Colorado Junior Wheelchair Sports Camp  
 c/o Mary Carpenter,  
 1080 South Independence Court  
 Lakewood, CO 80226-4024  
 Phone: Home: (303) 985-7525; Cell: (303) 895-9443  
 FAX: 1 (877) 395-1487  
 E-mail: wcsdenver@gmail.com

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ LAST (PLEASE PRINT) \_\_\_\_\_ FIRST \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail address \_\_\_\_\_ @ \_\_\_\_\_

Camper's Phone (\_\_\_\_) \_\_\_\_\_ Parent/Guardian's Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Disability: \_\_\_\_\_

Other medical conditions/allergies (Please be specific): \_\_\_\_\_

Seizures: Yes/No \_\_\_\_\_ Latex allergy: Yes/No \_\_\_\_\_

Medication to be taken during camp hours (list name of medication(s) and provide specific time(s) and amount(s) to be taken \_\_\_\_\_

Takes medication (Please check appropriate box):  Independently  Needs some assistance  Needs nurses assistance

Special Instructions \_\_\_\_\_

Any additional information that the nurses need to know \_\_\_\_\_

Emergency Contact: When parent/guardian cannot be reached: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Name Phone

**Catheter (Please check appropriate box):**

- Uses catheter independently
- Needs some assistance
- Needs nurse's supervision

Check catheter times during camp hours:

- 10 a.m.
- Noon
- 2 p.m.

**Diapers (Please check appropriate box):**

- Uses independently
- Needs assistance with changing
- Needs total assistance

**Note:** Please send all catheter and diapering supplies in a back pack.

**Feeding (Please check appropriate box):**

- Needs some assistance
- Needs total assistance

**Note:** Please provide special equipment for feeding if needed.

Family Doctor: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Name Phone

**Mobility (Please check appropriate boxes):**

- Independent walker
- Needs loaner wheelchair
- Uses wheelchair full time
- Uses wheelchair part time
- Uses power wheelchair
- Uses manual wheelchair
- Uses braces/crutches
- Requires assistance to transfer

### Waiver

For and in consideration of Aurora Public Schools, Colorado Sports for the Physically Challenged, Inc., National Sports Center for the Disabled and the sponsors of this program, I the undersigned for myself, my heirs, successors and assignees, agree to release and forever discharge Aurora Public Schools, Colorado Sports for the Physically Challenged, Inc. and their officers, employees, agents and assignees, from any and all liabilities, demands, or claims for loss or damage resulting from any injury or damage which may be sustained arising out of my participation in the Junior Wheelchair Sports Camp. I hereby also consent to allow medical treatment in case of emergency.

Entry in, participation in or attendance of the Junior Wheelchair Sports Camp constitutes permission to be photographed for possible publicity, promotional or media purposes and constitutes a waiver of any and all claims for compensation from all sponsoring agencies.

Applicant's Signature \_\_\_\_\_ Signature of Parent/Guardian (if under 18) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Witnessed By \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_