



DISABILITY RESOURCE CENTER

Adaptive Athletics

**University of Arizona Men's Wheelchair Basketball Summer Camp
June 15 – June 18, 2017 | University of Arizona | Tucson, AZ**

Registration Form (print legibly)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Age: _____ Shirt Size: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

**REGISTRATION FORM AND PAYMENT MUST BE RECEIVED BY
MAY 15, 2017.**

METHOD OF PAYMENT

- Enclosed is a check **payable to UA Adaptive Athletics** in the amount of \$200.
- Enclosed is a cash payment in the amount of \$200.
- Enclosed is a check payable to **UA Adaptive Athletics** in the amount of \$1,000. This option is for a team of 10 or more players only.
- Enclosed is a cash payment in the amount of \$1,000. This option is for a team of 10 or more players only.

Please read and sign the following waiver. MUST be AT LEAST 18 Years of Age to participate.

In submitting this entry, I am intending to be legally bound. On behalf of myself, my heirs, executors, and administrators I hereby waive, release and forever discharge any and all rights and claims which may hereafter occur to me against the Disability Resource Center and The University of Arizona from any and all claims, injury or actions sustained or suffered in connection with my participation in this event. I hereby grant full permission to all of the above to use my name, likeness and photographs for any publicity and promotional purposes without obligation or liability to me.

Signature of Player: _____

Date: _____

RETURN COMPLETED FORM WITH PAYMENT TO:

Pete Hughes
UA Disability Resource Center
1224 E. Lowell Street
Tucson, AZ 85721