



DISABILITY RESOURCE CENTER
Adaptive Athletics

**University of Arizona Women's Wheelchair Basketball Summer Camp
July 26 – July 29, 2018 | 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
JUNE 29, 2018.**

METHOD OF PAYMENT

- Enclosed is a check **payable to UA Adaptive Athletics** in the amount of \$200 or \$350.
- Enclosed is a cash payment in the amount of \$200 or \$350.
- Check this box to request a scholarship. To be eligible for a scholarship you **MUST:**
- Be a third-year (Junior) in high school
 - Be a fourth-year (Senior) in high school
 - Be a U.S. Military Veteran or Active Duty

Please read and sign the following waiver. MUST be AT LEAST 13 Years of Age to participate.

(If under 18, please have a parent/guardian sign):

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: _____

Signature of Parent/Guardian: _____

Date: _____

RETURN COMPLETED FORM WITH PAYMENT TO:

Jenn Poist
UA Disability Resource Center
1224 E. Lowell Street
Tucson, AZ 85721



APPENDIX C

**University of Arizona Interactions with Non-Enrolled Minors
Image Release**

I am the parent or legal guardian of _____
("Minor"). On behalf of the Minor, I grant permission to the Arizona Board of Regents, on behalf of the University of Arizona and its agents or employees, to use photographs, videos, or digitally recorded images (collectively "images") taken of the Minor while participating in _____ (Program name) activities, for use in University publications such as recruiting brochures, newsletters, and magazines, and to use such images on display boards, or electronic versions of the same publications, or on University websites or other electronic forms or media, and to offer them for use or distribution in other non-University publications, electronic or otherwise, without notifying me.

I waive any right to inspect or approve the finished images or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the images.

I agree to release and hold harmless the Arizona Board of Regents, on behalf of the University of Arizona and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages, or liability arising from or related to the use of the images, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication or distribution.

Printed Name of Program Participant's Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date



APPENDIX F

**University of Arizona Interactions with Non-Enrolled Minors
Program Participant Information Form**

**[Name of
Program]**

Name of Minor: _____

Date of Birth: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Parent/Legal Guardian Information

Name

Home Phone Number

E-mail Address

Cell Phone Number

Name

Home Phone Number

E-mail Address

Cell Phone Number

Emergency Contact Information

Name

Home Phone Number

E-mail Address

Cell Phone Number

Individuals (other than a parent/legal guardian) authorized to pick up the Program Participant from the Program

Name

Cell Phone Number

Relationship to Minor

Name

Cell Phone Number

Relationship to Minor