



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