



# 2016 Youth Sports Camp Registration Form

## July 11, 12 and 13, from 8:30 am - 3:30 pm

For youth who have completed grades 3 through 12 who are blind or visually impaired.

**Extended Registration Deadline: June 10, 2016**

If space allows, late registrations can be approved by contacting  
Claire Egan, 414-615-0104 or [cegan@vision-forward.org](mailto:cegan@vision-forward.org).

### CHILD INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birth date (MM/DD/YYYY): \_\_\_\_\_

Gender (Circle):      Male              Female

Name of school: \_\_\_\_\_

Grade completed Spring 2016: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please select t-shirt size:

Youth t-shirt sizes:     medium             large             x-large

Adult t-shirt sizes:     small             medium             large             x-large

First and last name of TVI (Teacher of Visually Impaired)? \_\_\_\_\_

Age when impairment was first diagnosed? \_\_\_\_\_

Diagnosis or cause of impairment (if known): \_\_\_\_\_

Visual acuity and field of vision?: \_\_\_\_\_

Please list all medical restrictions that require special modification with physical activity, including risk for retinal detachment: \_\_\_\_\_

List any allergies and dietary restrictions: \_\_\_\_\_

List all medications athlete is currently taking: (Camp staff will not be responsible regarding administering or reminding athlete to take any medications) \_\_\_\_\_

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## PARENT/GUARDIAN INFORMATION:

Please list information for parent/guardian with whom the athlete currently resides.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Please provide all contact information and check your preferred option.

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Names of all individuals who have permission to pick-up athlete after camp.

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## Emergency Contact:

If parent/guardian cannot be reached, in case of emergency, contact:

**1<sup>st</sup> contact name** (first & last): \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

**2<sup>nd</sup> contact name** (first & last): \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

## **ATHLETE INTERESTS AND SKILL LEVELS**

Describe youth's current sports participation at school, clubs, recreation, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What goals do you want to achieve at this camp? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify Swimming skill level of athlete by checking:

Beginner       Intermediate       Advanced

Identify Goalball skill level of athlete by checking:

Beginner       Intermediate       Advanced

### **Consent to Participate:**

I understand there is risk of injury in any sport activity and grant permission for participation.

### **Photo Release:**

I grant permission to use photographs and video taken of me or my minor child(ren) at events sponsored by Vision Forward Association.

### **Medical Consent:**

I agree that minor medical needs for my child can be addressed by a staff person.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



## REGISTRATION PAYMENT

Please complete the following to confirm your registration in Vision Forward's Youth Sports Camp.

Registration fee is **\$35** per youth.

Number of camp participants and fee due:

\_\_\_\_\_ x \$35 = \$ \_\_\_\_\_

Check is enclosed, payable to Vision Forward Association

Please charge my (please check one):

Visa

American Express

MasterCard

Discover Card

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Card Signature: \_\_\_\_\_

**Please contact Claire Egan, Vision Forward School Age Manager, 414-615-0104 or [cegan@vision-forward.org](mailto:cegan@vision-forward.org), if you have any questions regarding the Youth Sports Camp.**

\*Youth must have a medically diagnosed visual impairment and be independent in areas of walking, dressing, toileting and eating to participate in this sports camp.