



San Diego Adaptive Sports Foundation

PRESENTS



THE 25TH ANNUAL JUNIOR WHEELCHAIR SPORTS CAMP



What: Campers, ages 4-18 years old, will be introduced to a variety of adaptive sports including wheelchair softball, basketball, tennis, rugby, archery, bocce ball, outrigger canoe, waterskiing, sailing, yoga, handcycling, and much more!

The camp's goal is to help establish the building blocks of an active life through the introduction of adaptive sports and recreation!

Dates & Time: August 9th - 13th, 2011 (*8:00 am- 3:00 pm)

Where: Tuesday & Wednesday, Aug. 9th & 10th
at North Crown Point Shores Park
3709 Corona Oriente Rd., San Diego, CA 92109

**Deadline to register is
Friday July 29, 2011**

Thursday - Saturday, Aug. 11th - 13th
at Southwestern Community College,
900 Otay Lakes Road, Chula Vista, CA 91910.



Cost: \$200. Partial scholarships are available for those families who demonstrate a need. A **\$50 late registration** will be applied if application is post marked after July 22, 2011.

Transportation: Provided at 5 pick-up points throughout San Diego County for an additional fee of \$75.

(No transportation is available on Family Day, Saturday, Aug. 13th, 2011)

***FAMILY DAY: Saturday, August 13th (8:00 am - 2:00 pm)**

Family and friends are invited to attend, join us in our BBQ lunch, and to check out all the great sports their camper is experiencing!

(Transportation is not offered on Family Day)

To Register call
Jazmin Garcia at
(619) 336-9571 or email
Jazmin@sdasf.org





25th ANNUAL SAN DIEGO JUNIOR WHEELCHAIR SPORTS CAMP



A Daytime Sports Camp Which Provides Instruction in the Following Adaptive Sports:
ARCHERY...TENNIS...RUGBY...BASKETBALL...SOCCER...SOFTBALL...YOGA...BOCCIE BALL...
PHYSICAL CONDITIONING, KAYAKING, WATERSPORTS, HANDCYCLING, SAILING...and more
For Children with Physical Disabilities, Ages 4 through 18

Who: Children, ages 4 through 18, who have a physical disability, such as spina bifida, cerebral palsy, spinal cord injury or amputation, etc. This camp will most benefit those who have fairly good use of their arms. Participants should have the ability to take care of all self-help skills or are encouraged to bring someone to assist them. Please call SDASF at 619-336-9571, with any questions regarding your child's ability level and needs.

What:

- Instruction, beginning, intermediate and advanced, in a variety of popular adaptive sports.
- Physical conditioning stressing improved strength, endurance and mobility.
- Camp instructors and counselors have achieved accomplishments in wheelchair sports and in other areas of life.
- Daily lunches for all campers and registered volunteers.

When: 8:00 A.M. to 3:00 P.M., Tuesday, August 9th through Saturday, August 12th. Family Day: 8:00 AM - 2:00PM

Where: (Tues-Wed) **North Crown Point Shores Park**
3709 Corona Oriente Road
San Diego, CA 92109
(Thurs-Sat) **Southwestern College Athletic Facilities**
900 Otay Lakes Rd.
Chula Vista, CA 91910

Registration Fee: \$200.00 per camper due by Friday, July 22nd. Partial camper-ships are available for those families who cannot afford this fee. Your payment and paperwork must be turned in by July 22nd to avoid a \$50.00 late fee.

Late registration ends July 29th.

Family Day: Families of campers are invited to share in the fun on Family Day, Saturday, August 13th. Family will be able to meet camp staff, watch their children participate in the various sports and games, enjoy lunch and attend the Closing Ceremony.

Note: No transportation is available on Family Day, Saturday, Aug. 13th, 2011

***NOTE: All registration forms and medical forms must be filled out completely before camper will be allowed to participate.**

OFFICIAL REGISTRATION FORM
25th Annual San Diego Junior Wheelchair Sports Camp
August 9th – August 13th, 2011

MAIL PAYMENT (no cash) & FORMS TO:
SDASF
P.O. Box 153792
San Diego, CA 92195

T-SHIRT SIZE	Adult
<input type="checkbox"/> Child	<input type="checkbox"/> Small
<input type="checkbox"/> X-Small	<input type="checkbox"/> Medium
<input type="checkbox"/> Small	<input type="checkbox"/> Large
<input type="checkbox"/> Medium	<input type="checkbox"/> X-Large
<input type="checkbox"/> Large	<input type="checkbox"/> XX-Large

Transportation Pick up points
Please check desired location:

- North County Coastal - McDonalds, 1701 Oceanside Blvd., Oceanside
- North County Inland – Macy's at North County Fair, Escondido
- Central County – Lindbergh-Schweitzer Elementary School, San Diego
- East County – Border's Books at Parkway Plaza, El Cajon
- South County – Costco at Gateway Center & Market Street, San Diego

Please print neatly and complete all areas

Name of Camper : _____ **Date of Birth:** ____/____/____ **Age:** _____

Will you be bringing an attendant? _____ YES _____ NO

Attendant's Name _____ (attendants must be at least 16 years of age)

Does camper need to borrow a sports wheelchair? _____ YES _____ NO (**availability of sports chairs is limited**)

Please Check and confirm all is enclosed with application: Make check payable to SDASF, (DO NOT MAIL CASH)

- I have enclosed \$200 registration fee. (\$250 if postmarked after July 22nd)
- I have enclosed \$75 transportation fee; if camper transportation is requested.
- I would like to pay by credit/debit card (Visa and Master Card only). If payment by phone contact us at (619) 336-1806
- I would like to apply for a partial camper-ship. Contact us at (619) 336-1806

Waivers are enclosed: SDASF/DSUSA Mission Bay Aquatic Center Intrepid Equipment SCORA

SIGNATURE OF PARENT OR GUARDIAN: _____ **DATE:** _____

Print Name: _____ **Relationship:** _____

Speech: Intact: _____ Impaired: _____ **Hearing:** Intact: _____ Impaired: _____

Cognition: Intact: _____ Impaired: _____ **Vision:** Glasses / Contacts

Sensation (Circle one): Full / Decreased / Absent

If not **Full** please detail affected area (i.e. decreased sensation on left thigh, right forearm, etc.): _____

Diet Restrictions: _____

Check all that apply:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Metal in Body (screws, implants, etc.) | <input type="checkbox"/> Shunts | <input type="checkbox"/> Sensitivity to heat |
| <input type="checkbox"/> Decubiti | <input type="checkbox"/> Skin Grafts | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Unable to sweat |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Prosthetics | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Psychiatric/Emotional/Behavioral |
| <input type="checkbox"/> Heat Exhaustion | <input type="checkbox"/> Diabetic | <input type="checkbox"/> ADD | <input type="checkbox"/> Other |
| <input type="checkbox"/> Orthotics | | <input type="checkbox"/> ADHD | |
| | | <input type="checkbox"/> Autonomic Dysreflexia | |

PLEASE EXPLAIN IF ANY OF THE ABOVE IS CHECKED:

Medications taken (Be specific)	Times Given	Dosage	Self. Admin	Need Asst.

Authorization for Medical Treatment

I hereby authorize any licensed physician, emergency medical technician, paramedics, nurses, hospital, or other medical health care provider (“Medical Provider”) to provide medical care to me or the minor participant for any injury and/or condition that occurs, manifest, or arises at any program related activities. I further authorize any Medical Provider to perform all procedures or services deemed medically advisable to treat or relieve of complications and unforeseen consequences in any medical treatment, and I knowingly and voluntarily agree to assume such risks for and behalf of myself and/or said minor. I acknowledge that no warranty is being made as to the result of medical treatment. I agree that I, or the minor participant is capable or participating in camp or program activities except as otherwise noted above.

Signature of Participant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

(If participant under the age of 18)

DS/USA & SDASF INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM
Please note: there are two places on this sheet that require a signature

DS/USA & SDASF INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in DISABLED SPORTS USA's and SAN DIEGO ADAPTIVE SPORTS FOUNDATION'S programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA and/or SAN DIEGO ADAPTIVE SPORTS FOUNDATION of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA and/or SAN DIEGO ADAPTIVE SPORTS FOUNDATION, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participant's Name (PLEASE PRINT CLEARLY) Signature Date

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent's Signature & Emergency Phone Name & Date (PLEASE PRINT CLEARLY)

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____
(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to DISABLED SPORTS USA and SAN DIEGO ADAPTED SPORTS FOUNDATION to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this DS/USA & SDASF event. I further agree that DS/USA and/or SDASF may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature of Participant/Guardian Date

**San Diego Adaptive Sports Foundation
2011-2012 Season
Physical Form**

This portion of the form must be completed by parent of athlete (for minors under 18 years of age) or adult participants.

Last Name First Name Middle Name:

Home Phone :(_____) _____ Cell Phone :(_____) _____

Grade: _____ School: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Doctor's Name: _____

Medical and Physical Examination: To be completed by physician.

[] Diagnosis: _____
Date of onset: _____

[] List all allergies _____

[] Neurological Disorder (epilepsy, convulsions, headaches) _____

[] Lung Disease (or asthma) _____

[] Heart disease, heart murmur, chest pain _____

[] High or abnormal blood pressure _____

[] Shortness of breath _____

[] Impaired vision or hearing _____

[] Recent surgical operations, fractures, or accidents (within the last year) _____

[] Skin Problem (decubitus, ulcer) _____

[] Currently taking medications (list names, frequency and dosages)

[] Does the participant have a shunt? _____

Height: _____ Weight: _____ Neck: _____
Blood Pressure: _____ Pulse: _____ Heart: _____
Urinary Tract: _____ Lungs: _____
Abdomen: _____ Bowel: _____ Bladder: _____
Mental Health Concerns: _____

Physician- please initial appropriate line:

_____ From the above information and the screening physical examination, it is my opinion that this individual **is able** to participate in adaptive sports activities **without restrictions**.

_____ From the above information and the screening physical examination, it is my opinion that this individual **is not able** to participate in adaptive sports activities.

_____ From the above information and the screening physical examination, it is my opinion that this individual **is able** to participate in adaptive sports activities **with restrictions. Please list restrictions:**

Physicians' signature: _____ **Date:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____ **Telephone:** _____

Parent signature: _____ **Date:** _____

Please return form to:
SDASF
P.O. Box 153792
San Diego, CA 92195-3792
Fax: (619) 336-9809

Please call Jazmin Garcia at (619) 336-1806 or email at Jazmin@sdasf.org with questions.

ASSOCIATED STUDENTS OF SDSU/MISSION BAY AQUATIC CENTER

SPECIAL EVENT WAIVER

SPECIAL AQUATIC EVENT INDIVIDUAL USERS FORM

Please Print

PARTICIPANT NAME _____ DATE OF BIRTH ____ - ____ - ____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

LEGAL GUARDIAN NAME: _____ EMAIL: _____

GROUP NAME: _____ DATE OF ACTIVITY: _____

Notify in Case of Emergency (preferable relative):

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ RELATIONSHIP _____

PHONE (DAY) (____) _____ PHONE (EVE) (____) _____

SWIM TEST VERIFICATION:

I certify that the participant named above is water safe (can swim 100 yards and tread water for 5 minutes, or in the case of accessible events able to turn face-up from a face-down position unassisted and float comfortably in the water wearing a life jacket) to participate in the water sports and the related activities of this event .

SIGN HERE X _____

**Signature of participant or legal guardian if
participant is under 18 years of age or unable to sign**

_____ **Date**

*****SIGN OTHER SIDE ALSO******

In consideration of the USE OF THE FACILITIES, EQUIPMENT OR OTHER PROPERTY AND/OR SERVICES OR ACTIVITIES (hereafter collectively referred to as "The Activities") of Mission Bay Aquatic Center, the undersigned AGREES as the participant or legal guardian of the participant (hereafter referred to as "The Participant") to the following:

1. **RISK FACTORS.** The undersigned understands and acknowledges the participation in water sports and related activities of the Mission Bay Aquatic Center involves various physical risks such as but not limited to the following: RISK OF BODILY INJURY, DEATH, and/or PROPERTY DAMAGE.
2. **ASSUMPTION OF THE RISK.** The undersigned ASSUMES ANY AND ALL RISK INVOLVED IN OR ARISING FROM THE ACTIVITIES, including without limitation the risk of DEATH, BODILY INJURY, or PROPERTY DAMAGE resulting from collision; overturning; unavailability of emergency medical care; or the negligent or deliberate act of another person.
3. **ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES.** The participant will be informed of the policies and procedures relating to The Activities and the undersigned understands that the safe and proper use of the facilities or property or participation in The Activities is dependent upon carefully following such policies and procedures.
4. **PREREQUISITE SKILLS AND TRAINING.** The undersigned acknowledges that The Participant has the requisite physical abilities, skills, qualifications and training necessary to properly and safely use the facilities or property or participate in water sports and related activities of the Mission Bay Aquatic Center. The undersigned agrees that if he or she has any questions as to what physical abilities, skills, qualifications, or training is necessary for The Participant to properly use the facilities, property, or participate in The Activities then they shall direct such questions to the organization or instructor supervising The Activities.

*****SIGN OTHER SIDE ALSO*****

5. **RELEASE.** The undersigned RELEASES the State of California, Trustees of the California State Universities, the Regents of the University of California, the Associated Students of San Diego State University and all of their officers, employees, and agents and agrees NOT TO SUE them on account of or in connection with any claims, causes of action, injuries, damages, cost or expense arising out of The Activities, including those based on death, bodily injury or property damage whether or not caused by the negligence or other fault of the parties being released.
6. **WAIVER.** The undersigned waives the protection afforded by any statute or law in any jurisdiction including California Code S 1542 whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know or suspect to exist at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.
7. **INDEMNIFY AND DEFEND.** The undersigned agrees to INDEMNIFY AND DEFEND the State of California, the Trustees of the California State University, the Regents of the University of California, the Associated Students of San Diego State University and all of their officers, employees and agents (hereinafter jointly referred to as "indemnitee") against and hold them harmless from any and all claims, causes of action, damages, judgements, cost of expenses, including attorney fees which in any way arise from The Activities or this agreement and which include but are not limited to damages to or destruction of any property of the indemnitee or any others, injury or death to the undersigned or anyone else or any liability arising from the act or negligent act of the indemnitee, the undersigned or anyone else.
8. **PAY.** The undersigned agrees to pay for any and all damages to any property of indemnitee caused by The Participant either negligently, willfully or otherwise.
9. **LEGAL FEES.** In the event of any controversy, claim or dispute between the parties arising out of or relating to this agreement or the breach hereof or the activity, the prevailing party shall be entitled to recover from the losing party reasonable expenses, attorney fees and cost.
10. **REPRESENTATIVES.** The undersigned enters into this agreement on behalf of The Participant for himself, his heirs, assigns and legal representatives.
11. **ACKNOWLEDGEMENT.** The undersigned has read and understands this agreement and realizes it relates to surrendering and releasing valuable legal rights and does so freely and voluntarily.

APPROVAL OF PARTICIPANT or LEGAL GUARDIAN OF PARTICIPANT (if participant is under 18 years of age)

I am the participant or the legal guardian of the participant named earlier on this form. I have read and understand the agreement and I realize the agreement involves surrendering valuable legal rights of The Participant and of myself. I agree to be bound by all the terms of the agreement. I also give consent to the participation in water sports and related activities by The Participant. I also give my consent for The Participant to be included in photographs, videos, slides, and movies taken at the Center by students, staff, TV, Radio and/or other news media. I understand that pictures become property of Associated Students of SDSU, and might appear in promotional materials and publications:

<p>SIGN HERE X _____</p> <p align="center">Signature of participant or <u>legal guardian if</u> participant is under 18 years of age or unable to sign</p>	<p>_____</p> <p align="center">Date</p>
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PARTICIPANT or LEGAL GUARDIAN EMERGENCY TREATMENT CONSENT

I am the participant, or legal guardian of the participant, named on the reverse side of this form. I have agreed to the participation in The Activities. I hereby give my consent to medical treatment for The Participant in case of a medical emergency:

<p>SIGN HERE X _____</p> <p align="center">Signature of participant or <u>legal guardian if</u> participant is under 18 years of age or unable to sign</p>	<p>_____</p> <p align="center">Date</p>
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**INTREPID EQUIPMENT WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF RISK,
AND AUTHORIZATION FOR MEDICAL TREATMENT**

Participants Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Emergency Contact Name: _____

Emergency Contact Phone: _____

THE UNDERSIGNED ACKNOWLEDGES THAT PARTICIPATION IN THE HANDCYCLE RIDE (the "Ride") INVOLVES A RISK OF INJURY OR DEATH, ASSUMES SUCH RISK, AND RELEASES INTREPID EQUIPMENT (the "Company") FROM LIABILITY.

In consideration for being allowed to participate in the Ride, I acknowledge and agree:

1. I am in good physical health and have no ailment or physical condition which may be aggravated by participation in the Ride or cause injury or death to me as a result of the Ride.
2. I understand that participation in the Ride may be inherently dangerous and PARTICIPANTS RISK BODILY INJURY, INCLUDING BUT NOT LIMITED TO PARALYSIS, DISMEMBERMENT, DEATH, AND OTHER LOSS INCLUDING DAMAGE TO PROPERTY.
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK.
4. I RELEASE AND HOLD HARMLESS AND PROMISE NOT TO SUE, TO THE FULLEST EXTENT PERMITTED BY LAW, THE COMPANY and its managers, members, shareholders, employees, and agents (collectively the "Released Parties") from all actions claims or demands for damages of any kind that I or my personal representative, assigns, heirs, or next of kin now have or may hereafter have, related to or arising from the Ride, including, but not limited to, any injury, death, property damage, or economic loss caused in whole or in part by the negligence or other acts of the Released Parties (collectively "Released Claims").
5. In releasing claims presently unknown to me, I am waiving all rights and benefits under Section 1542 of the California Civil Code (and any law or legal principle of similar effect in any jurisdiction), which states: "**A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.**" I expressly waive and relinquish all rights and benefits under that section. I also agree not to sue or make and claim against any of the Released Parties with respect to any of the Released Claims.
6. I further agree to indemnify, defend, and hold the Released Parties harmless against any claims by persons or entities other than myself that are based on, related to or arising from my participation in the Ride, including but not limited to, claims for personal injury, property damage, economic loss or wrongful death.
7. I agree to follow all safety rules as well as any instructions provided during the course of the Ride.
8. I hereby authorize and give my consent for medical care to be given in an emergency situation while participating in the Ride.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A RELEASE OF LIABILITY, A PROMISE NOT TO SUE OR MAKE A CLAIM, AND AN AGREEMENT TO INDEMNIFY THE COMPANY AND THE OTHER RELEASED PARTIES. I HEREBY ASSUME THE RISK OF ANY AND ALL INJURY OR DEATH DUE TO MY PARTICIPATION IN THE RIDE. I AM AWARE THAT THIS AGREEMENT IS A CONTRACT BETWEEN THE COMPANY AND ME AND THAT I CANNOT PARTICIPATE IN THE RIDE UNLESS I ENTER INTO THIS AGREEMENT, WHICH I AM DOING OF MY OWN FREE WILL.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

**WAIVER, RELEASE OF LIABILITY,
AND ASSUMPTION OF RISK**

Valid January to December, 2011

Paddler Name: _____
LEGIBLY! Last, First, M.I

Sex: M / F **Age:** _____ **D.O.B:** ____/____/____

Club Affiliation: San Diego Adaptive Sports Foundation

Note: should you change clubs during the season, please submit a new waiver.

In consideration of the services of Southern California Outrigger Racing Association ("SCORA"), its member clubs, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release, indemnify, and discharge SCORA of liability, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as described below with respect to SCORA activities, including SCORA races, fundraising events, community outreach events, practice and preparation for those races and events, at any location including, but not limited to, any location where such race or event occurs or where equipment for those races and/or events is placed or is in use.

1. I acknowledge that my participation in paddling an outrigger canoe entails risks that are known, unknown, anticipated, and unanticipated that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential and/or fundamental qualities of the activity. I assume those risks and release SCORA of liability resulting from those risks. I understand that I am hereby relinquishing certain legal rights. **The risks include, among other things:** boat capsizing; tidal conditions and currents; travel in remote areas; collision with objects or other watercraft; prolonged exposure to cold water, hypothermia, accidental drowning; illness in remote areas; exposure to sun, strong wind, cold, storms, large waves, eddies and whirlpools; lightning; aggressive and/or poisonous marine life; wrist, arm, shoulder, and/or back injuries; slips and falls while getting in and out of the canoe; and rapidly changing adverse weather and water conditions. Furthermore, I understand that SCORA seeks safety, but it is not infallible, it might be unaware of a participant's fitness or abilities, it might misjudge the weather, the elements, or the terrain, and that it may give inadequate warnings or instructions. I also understand that the equipment being used might malfunction.

2. I acknowledge, agree, and represent that I understand the nature of outrigger canoe paddling and that I am qualified, in good health, and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.

3. I expressly acknowledge, agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

4. **This agreement applies to any negligence alleged against SCORA:** I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SCORA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SCORA's equipment or facilities, including any claims which allege negligent acts or omissions by SCORA.

5. Should SCORA or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

6. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

7. In the event that I file a lawsuit against SCORA, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SCORA on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Signature: _____ **Date:** ____/____/____
Please spell out all information completely and legibly

Address: _____
Street Apt.# City State/Zip

Phone #s: Hm: _____ **Cell:** _____ **Email:** _____

Emergency Contact Name: _____ **Relationship:** _____

Phone #s: Hm: _____ **Cell:** _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

Must be completed for participants under the age of 18

In consideration of _____ (print minor's name) ("Minor") being permitted by SCORA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SCORA from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor. I agree to all of the terms above on behalf of Minor.

Parent or Guardian: _____ Print Name: _____

Date: _____

FAQS – Jr. Wheelchair Sports Camp

- **Who can participate?**

Jr. Wheelchair Sports Camp is designed for children (ages 4 to 18) with a permanent physical disability such as cerebral palsy, spina bifida, amputation, muscular dystrophy, spinal cord injury, etc. The sports camp most benefits an individual with some use of their arms to push a wheelchair but we are able to accommodate in the case of limited ability. Please contact Jon Richards, Program Director at (619) 336-2764 to discuss your child's individual needs. We are always looking for more campers so please let your friends know about this wonderful opportunity.

- **My child doesn't use a wheelchair but has physical limitations. Is this the right camp for them? Do you have wheelchairs to borrow?**

Children with a physical disability can often walk with braces, canes or crutches and don't use a wheelchair on a daily basis. However, they may lack the ability to fully participate in regular sports because they cannot run and jump as quickly as their able bodied counterparts. One way to participate in adaptive sports is to use a wheelchair or other adaptive equipment. Many of our campers walk during their day at school but come to our programs and play fast and furiously in the world of adaptive sports using a wheelchair. We have specially designed sports wheelchairs for our campers to use while they are at camp and throughout the year if they participate in our year round programs.

- **My child needs help with toileting or medications. Are nurses available to help with medication or toileting issues?**

Yes, we have professional nursing staff available throughout the day for first aide and other medical needs. Our nursing staff also handles medications and assistance in toileting.

- **My child needs extra help. Can we send an attendant?**

Yes, we encourage campers who are not able to push their own wheelchair or need extra assistance with personal needs to bring their own aide or attendant. These aides must be at least 16 years old and must complete all of the waivers for our camp.

- **What are the ages of campers?**

Campers ages are 4 to 18. Campers are placed in groups based on age and, for teen campers, by gender. If your child is outside that age range and you think they should participate please contact Jon Richards, Program Director at (619) 336-2764 to discuss your child's individual needs.

- **What are the times, dates and location of camp?**

Camp runs five days, Tuesday through Saturday, from 8:00 a.m. to 3:00 p.m.

The locations are:

Tuesday & Wednesday, August 9-10, 2011:

North Crown Point Shores in Mission Bay
3709 Corona Oriente Road
San Diego, CA 92109

Thursday, Friday & Saturday, August 11-13, 2011:

Southwestern College
900 Otay Lakes Rd.
Chula Vista, CA 91910

- **I live far from the camp locations, is transportation available?**

Yes, we have bus transportation available from five locations in San Diego County for an additional fee of \$75.

Transportation Pick up points:

North County Coastal - McDonalds, 1701 Oceanside Blvd., Oceanside

North County Inland – Macy's at North County Fair, Escondido
Central County – Lindbergh-Schweitzer Elementary School, San Diego
East County – Border's Books at Parkway Plaza, El Cajon
South County – Costco at Gateway Center & Market Street, San Diego

- **Is lunch provided?**

Yes, your camper will be fed a nutritional lunch each day. Vegetarian options are available. Water is provided throughout the day. On the final day we have a big barbecue lunch for the camper and their family.

- **My child won't be available for the whole week of camp. Can they come for a few days?**

Yes. While we encourage all campers to attend the full week of camp to get the most benefit, we recognize that sometimes there are scheduling conflicts. Please contact our office at (619) 336-9571 to discuss your needs.

- **What is the cost?**

The camp fee is \$200 per camper, plus \$75 for bus transportation if requested. Scholarships are available for those demonstrating a need.

- **Are scholarships available?**

Yes, scholarships are available to any camper with financial need. We never deny participation to any athlete because of an inability to pay. Please request our scholarship form when you apply or call (619) 336-9571 for more information.

- **Can I stay with my child or observe them while they are at camp?**

We prefer that campers be given the opportunity to experience camp on their own. We find that this provides them the extra degree of independence that we are working towards. Our counselors, coaches, nurses and volunteers are well experienced in the needs of campers with physical disabilities and should be able to handle any situation that arises. If your child requires an attendant because of particular issues then you may arrange to participate in that way. On Saturday we invite the whole family to come and watch while your camper demonstrates all that they have learned over the week, showing their new skills, friendships and independence.

- **What is Family Day?**

On the final day of camp, Saturday, August 13, we invite the whole family to come and watch their camper demonstrate all that they have learned over the week, showing their new skills, friendships and independence. There are sports rotations in the morning, followed by a barbecue lunch for everyone and a closing ceremony presentation of sports demonstrations and a power point photo display of highlights from the camp.

- **How can I sign my child up for camp?**

Call for information: (619) 336-9571

Email for information: programs@sdasf.org

Go to our website: www.sdasf.org

- **Do you have any programs after summer camp is over?**

Yes! We have ongoing programs throughout the year and would love to have our campers join these after their camp experience is over. Our programs are always growing and evolving but we have a basic schedule. In September we begin our Wheelchair Basketball season with seven different teams for ages from 4 years to adults. We also have seasons for Indoor Wheelchair Soccer, Power Soccer, Quad Rugby, Handcycling and more. Additionally, we hold one to two day events and clinics throughout the year. Please go to our website www.sdasf.org and click on Programs for more information or contact Jon Richards, Program Director at (619) 336-2764.

- **Do you have programs for adults with a physical disability?**

Yes! Our programs go from ages 4 years through adult. We have a competitive adult wheelchair basketball team in addition to other recreational teams and handcycling events. We also work with the Naval Medical Center at Balboa Hospital and the Veterans Administration to provide programs for Wounded Warriors. Please go to our website www.sdacf.org and click on Programs for more information or contact Jon Richards, Program Director at (619) 336-2764.

- **Is there an age limit for participation?**

No. While the Jr. Wheelchair Sports Camp serves ages 4 to 18 years, we also offer other programs for all ages. Additionally, many of our adult athletes volunteer at the Jr. Wheelchair Sports Camp as sports coaches or counselors. Please go to our website www.sdacf.org and click on Programs for more information or contact Jon Richards, Program Director at (619) 336-2764.

- **Do you need volunteers? How can I get involved?**

Yes, we depend on volunteers! If you would like to volunteer at camp or any of our other programs please go to our volunteer page on our website: www.sdacf.org

- **Do you need donations? How can I send you a donation or sponsor a program?**

Yes! Please go to our Donations page on our website and find out about the many ways you can support our programs: www.sdacf.org