SPORTS for Exceptional Athletes
2027 Athlete Registration Form

Mail Registration/Release Form/Fee to:
SPORTS for Exceptional Athletes
8380 Vickers St. Suite E
San Diego, CA 92111
Phone: 858-565-S4EA (7432)
E-mail: sds4ea@gmail.com
Website: www.s4ea.org

Please Print ☐ Athlete ☐ Sports Partner (Volunteer, Family, Friend, etc.)

Athlete Name _____ _____ Date of Birth _____ Sex/Gender _____
First Name Last Name Month/Day/Year Male/Female

Address _____ City _____ St ___ Zip _____

Home Phone _____ Work Phone _____ Cell _____ Email _____

I prefer SPORTS for Exceptional Athlete information, newsletters, etc. be sent by: ☐ Email ☐ Mail

Parent/Guardian Name _____ Phone _____ Cell _____

Emergency Contact _____ Phone _____ Cell _____

Insurance Co. _____ Policy # _____ Athlete Shirt Size _____

Physician _____ Phone _____

Medications (medication name, amount, date prescribed, and number of times per day medication needs to be taken) _____

_____

Down Syndrome? ☐Yes ☐No Have cervical spine x-rays been done? ☐Yes ☐No Atlanto Axial Instability? ☐Yes ☐No
(neck bone)

Pertinent medical history info. (epilepsy, diabetes, allergies, tetanus shot date, etc.) _____

Diagnosis/Special needs or requirements (wheelchair, etc.) _____

2027 Sports Registration

Team sports consist of practices/league play with a 8-12 week season of training and competition. Individual sports offer training and skill building at weekly practices. The Registration Fee is $20 per season (some individual sports also have practice use fees paid directly to the facility). Registered athletes and coaches will have secondary participant accident coverage.

Please register athlete in the following sport(s) and the site/location(s) athlete plans on attending:

☐ Basketball - Site _____
☐ Bocce - Site _____
☐ Bowling - Site _____
☐ Cycling - Site _____
☐ Flag Football - Site _____
☐ Floor Hockey - Site _____
☐ Golf - Site _____
☐ Ice Skating - Site _____
☐ Pickleball - Site _____
☐ Soccer - Site _____
☐ Softball - Site _____
☐ Swimming - Site _____
☐ Table Tennis - Site _____
☐ Tennis - Site _____
☐ Track - Site _____
☐ Volleyball - Site _____
☐ Walking/Exercise - Site _____
☐ Winter Sports - Site _____
  ☐ Cross Country Skiing
  ☐ Downhill Skiing
  ☐ Snowboarding
  ☐ Snowshoeing

☐ $_____ Registration Fee Enclosed ($20 X _____ Number of sports participating in each season for the year)

I would like to help cover the $100 cost per athlete per sports season (equipment, facility, insurance, awards, overhead, tournament, etc.), Enclosed is the following additional amount:

☐ $30 ☐ $50 ☐ $80 ☐ $_____Other Amount

Make check or money order payable to: SPORTS for Exceptional Athletes

For a list of site/location(s), call the S4EA office at 858-565-7432, or visit www.s4ea.org, click on Sports, and then click on the particular sport to see the available site/location(s).

Name (Parent/Guardian, or Athlete if 18 or older) _____ Date _____

Sign Here _____ Relationship to Athlete _____

SPORTS for Exceptional Athletes

SPORTS for Exceptional Athletes is a sports program serving athletes with developmental disabilities ages 5-adult in San Diego County

RELEASE FORM

Name of Athlete _____ (please print legibly)

I hereby represent and warrant that, to the best of my knowledge and belief, the above named athlete is physically and mentally able to participate in the SPORTS for Exceptional Athletes program involving sports training and competition. I hereby give permission for the above named athlete to participate in the SPORTS for Exceptional Athletes program and adhere to the S4EA Code of Conduct/Safe Sports Guidelines.

In consideration for the SPORTS for Exceptional Athletes program providing the opportunity for above named athlete to participate in the SPORTS for Exceptional Athletes program, I hereby release SPORTS for Exceptional Athletes and its officers, directors, volunteers, agents, contractors, supporters, or any other person associated with SPORTS for Exceptional Athletes, from any and all claims, damage, injury, or illness that the above named athlete may suffer as a result of participation in the SPORTS for Exceptional Athletes program. In addition, I hereby agree to indemnify, defend and hold SPORTS for Exceptional Athletes harmless from any and all claims for loss, damage (including attorneys' fees and costs, including, but not limited to experts and consultants' fees), liability, death, or injury to the person or property arising from or related to the above named athlete's participation in the SPORTS for Exceptional Athletes program, and from liability resulting from illness such as communicable diseases including COVID-19.

I assume all risks and hazards involved in, or incidental to, the participation of above named athlete in the SPORTS for Exceptional Athletes program and hereby consent to above named athlete to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician in the event of any injury during any SPORTS for Exceptional Athletes program.

I agree to provide all pertinent medical information to SPORTS for Exceptional Athletes and to assist SPORTS for Exceptional Athletes so that adequate precautions can be made and so that appropriate care can be provided to above named athlete during SPORTS for Exceptional Athletes program. I agree to have all of above named athlete's necessary medication on hand with proper instructions during any SPORTS for Exceptional Athletes program.

I hereby grant SPORTS for Exceptional Athletes, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing the above named athlete's name, voice, likeness or any other identifiable representation of above named athlete or family members. These materials may appear in any form, style, color or medium whatsoever (including photographs, videotapes, films, sound recording, software, drawing, prints, broadcast, internet, and electronic media). I agree that all material containing any identifiable representation of above named athlete shall be and remain the sole and exclusive property of SPORTS for Exceptional Athletes. I hereby release and forever discharge SPORTS for Exceptional Athletes from any and all liability and damages relating to the use of above named athlete's name, voice and any other identifiable representation of above named athlete. I have agreed to the above in consideration of the opportunity given to above named athlete by SPORTS for Exceptional Athletes to appear in these materials. I acknowledge that I have fully read and understand this document.

Name (Parent/Guardian, or Athlete if 18 or older) _____ Date _____

Sign Here _____ Relationship to Athlete _____

Please return completed Release Form, together with the Registration Form & Fee to:

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