



Dear STRIDE Applicant,

Thank you for taking the time to fill out a STRIDE Application for your child's participation in our programs. Once STRIDE receives your application in the mail, it is reviewed and filed. Your application is good for two years. Your name and address and pertinent information you provided is entered into our database. You will then be on our mailing list to receive STRIDE's Newsletter and mailings. Our newsletter announces all upcoming programs and special events. It is **your responsibility** to stay in touch, and to make reservations for any of our programs or events. Most information can be located on the website, [www.stride.org](http://www.stride.org). The information you provide us is confidential and used solely for educational and safety purposes. The **liability waiver** is for our insurance and must be signed. A valid **Credit card #** must be kept on file for all programs in the event that cancellations are not made in a timely manner, and volunteers are kept waiting at the expense of other participants who could have taken that spot.

Guidelines: The participant must be at least 4 years old; and have an IEP on file at his/her school district. Adults over 21, may only participate in the ski/snowboard programs or the Alumni Program.

Please understand that STRIDE is an **all volunteer organization** and this process works best for us. If you have any questions or concerns you can contact the STRIDE office at (518) 598-1279.

Please enclose a **school photograph** if you can.

Sincerely,

STRIDE, Inc. Administration

# STRIDE, Inc.

## Adaptive Sports

PO Box 778 Rensselaer, NY 12144

518.598.1279 Fax: 518.391-2563

### 2009-2010 APPLICATION FOR PROGRAMS

#### Demographic Information

Participant's name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parents/guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency/cell phone: \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail address: \_\_\_\_\_ Parent/guardian occupation(s): \_\_\_\_\_

Place(s) of employment: \_\_\_\_\_

#### Education and general disability information

Disability classification: \_\_\_\_\_ Educational level: \_\_\_\_\_

Enrolled in Special Education: Yes \_\_\_\_\_ No \_\_\_\_\_ Receives Adaptive Physical Education? Yes \_\_\_\_\_ No \_\_\_\_\_

Personal Data: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe size: \_\_\_\_\_ General Physical Condition: \_\_\_\_\_

#### Other Activities & Sports Involvement:

\_\_\_\_ Special Olympics \_\_\_\_ Games for the Physically Challenged Other: (Please list) \_\_\_\_\_

#### Special equipment or care needs:

Please list adaptive equipment needs for participation in activities (e.g.: wheelchairs, splints, walk aids, swim aids, etc.)

\_\_\_\_\_  
\_\_\_\_\_

#### STRIDE Programs:

Participant wishes to sign up for the following activities:

##### Alpine skiing or snowboarding :

\_\_\_\_ Jiminy Peak or \_\_\_\_ Catamount

\_\_\_\_ Ski Sundown

\_\_\_\_ Weekends \_\_\_\_ Nights

##### Weekend camping:

June \_\_\_\_\_

July \_\_\_\_\_

Aug \_\_\_\_\_

Sept. \_\_\_\_\_

##### Bowling:

Spring \_\_\_\_\_

Summer \_\_\_\_\_

Fall \_\_\_\_\_

Winter \_\_\_\_\_

##### Swimming

East Greenbush \_\_\_\_\_

Bethlehem \_\_\_\_\_

##### Golf \_\_\_\_\_

##### Sled Hockey \_\_\_\_\_

##### Snowshoe/XC Ski \_\_\_\_\_

##### Biking \_\_\_\_\_

Session 1 \_\_\_\_\_

Session 2 \_\_\_\_\_

##### Sailing Program

Lake George \_\_\_\_\_

New Rochelle \_\_\_\_\_

Berkshires \_\_\_\_\_

##### Special Events \_\_\_\_\_

Dance \_\_\_\_\_

Whitewater \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name \_\_\_\_\_

This form is to be completed and signed by:

**Primary Physician or Physical Therapist** (if applicable):

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Disability diagnosis and degree of involvement: \_\_\_\_\_

Past surgical procedures: \_\_\_\_\_

Medications used (give dosage, frequency and reason): \_\_\_\_\_

Pertinent information regarding **physical status** of participant: (e.g.: allergies; ROM; spasticity; sensory losses; seizure activity w/ date of last seizure, diabetes, heart, hearing loss, glasses, or contacts):

Other Comments: \_\_\_\_\_

Endurance level \_\_\_\_\_

Physician or Physical Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Information provided is strictly confidential and is used solely for safety purposes in administering our programs.

**You may fax this form to STRIDE Business office 518-391-2563**

*This form to be completed by teacher, therapist, or parent/guardian:*

**Participant's Behavior and General Attitudes**

CODE

- 1. Normal - no problems
- 2. Mild problems - interferes occasionally
- 3. Moderate problems - interferes frequently
- 4. Severe problems - interferes constantly

**Please circle at the appropriate code:**

Frustration tolerance	1	2	3	4
Hostility	1	2	3	4
Confusion	1	2	3	4
Attentiveness	1	2	3	4
Distractibility	1	2	3	4
Impulsivity	1	2	3	4
Anxiety	1	2	3	4
Following Directions	1	2	3	4
Sequencing	1	2	3	4
Problem Solving	1	2	3	4
Slowness of Cognition	1	2	3	4
Temper	1	2	3	4

\*Additional comments or Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please note that we reserve the right to refuse participation based on safety considerations, if pertinent information related to safety is withheld.

Form completed by: \_\_\_\_\_

Position/Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**STRIDE, Inc. and DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM  
and MEDIA RELEASE FORM**

*Please note: there are two places on this sheet that require a signature*

**STRIDE, Inc. and DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM**

In consideration of being allowed to participate in any way in STRIDE, Inc. or DISABLED SPORTS USA'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 STRIDE, Inc. or DISABLED SPORTS USA 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 STRIDE, Inc and DISABLED SPORTS USA, 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.

<p><b>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.</b></p> <p>X _____</p> <p><b>Participant's Name (PLEASE PRINT CLEARLY)      Signature      Date</b></p>
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**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 STRIDE, Inc. to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this event. I further agree that STRIDE, Inc. 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**

**PERMISSION TO ADMINISTER MEDICATIONS**

*(Applicable to camping or overnight programs)*

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
give my permission for STRIDE volunteers to administer the necessary medications as prescribed to my  
son/daughter, as needed, in my absence.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Medications: Please name all meds to be administered and for what purpose/ dosages and times to be  
administered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

**SUNSCREEN AND INSECT REPELLENT PERMISSION SLIP**

I, \_\_\_\_\_ hereby give my permission for my child \_\_\_\_\_,  
Parent/Guardian Child's name  
Permission to apply \_\_\_\_\_ & \_\_\_\_\_  
Type of Sunscreen Type of Insect Repellent

I understand that sunscreen/repellent are considered medication by the Department of Health and that failure to return  
this note along with my child's personal sunscreen and repellent may result in serious sunburn of insect bites. Blanket  
signature will allow STRIDE to apply their supply of screen and repellent where applicable.

**STRIDE Adaptive Sports Programs**  
**CONSENT FOR PUBLICITY AND PHOTOS**

I hereby authorize and give full consent to STRIDE Adaptive Programs and/or Disabled Sports USA to copyright or publish all photographs,  
videotapes and films in which I, the undersigned, appear while enrolled in this program. I further agree that STRIDE and/or Disabled Sports USA,  
may transfer, use or cause to be used, these photographs, videotapes or films for any exhibitions, publications, public displays, publication  
commercials, art and advertising purposes, and television programs without limitations or reservations. I also permit STRIDE and/or Disabled Sports  
USA, to release my name and phone numbers to the media.

\_\_\_\_\_  
Participant's Name & Signature Date

If under 18 years of age, signature of parents and/or guardians:

\_\_\_\_\_  
Parent's Name & Signature Date

**CANCELLATION POLICY FOR PROGRAMS**

STRIDE must keep a valid Credit Card # on file in the event that participants do not follow cancellation protocol for all  
programs requiring reservations.

Participants Name \_\_\_\_\_

Credit Card#: \_\_\_\_\_ Card: VISA MC Exp. Date: \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_  
(Please Print)