



Dear STRIDE Applicant,

Thank you for your service & interest in STRIDE's Wounded Warrior Programs!

**IMPORTANT APPLICATION INFORMATION**

- It will be reviewed and filed in the STRIDE office;
- Your CONFIDENTIAL information will be entered in our database; and you will receive STRIDE's news for upcoming programs & special events;
- Our mission is for your service ethos to continue through participation as a *mentor/volunteer* after the event, helping others through mentorship or aid to youth with disabilities.

**YOU MUST MEET ONE OF THE FOLLOWING CRITERIONS FOR ELIGIBILITY**

- Purple Heart.
- VA Rating of 50% or greater.
- Medically discharged from active, reserves or National Guard.
- Veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military service.
- Post 09/11 service disabilities that are considered related or secondary to disabilities occurring in service and for disabilities presumed to be related to circumstances of military service, even though they may arise from service.

**GUIDELINES FOR PARTICIPATION**

- Priority in some programs will be given to applicants with a **documented combat-related permanent injury sustained during military service since 09/11/.**
- Must live in the Northeastern U.S., within driving distance to our events.
- For our Snowfest, we give preference to those who have *NOT* previously attended skiing/snowboarding events.

*Please complete the attached application and submit, mail, e-mail or fax (with a photo, if possible) to:*

**STRIDE Adaptive Sports**  
4482 NY Highway 150  
West Sand Lake, N.Y.  
Phone: (518) 598-1279

**STRIDE Adaptive Sports**  
FAX: (518) 391-2563 or  
E-MAIL: [info@stride.org](mailto:info@stride.org)  
[www.stride.org](http://www.stride.org)

If you have any questions or concerns, contact STRIDE at (518) 598-1279.



## STRIDE WOUNDED WARRIOR APPLICATION

*Please complete the application and submit, mail, e-mail or fax (with a uniform photo, if possible)*

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

### CONTACT INFORMATION

Name: \_\_\_\_\_ Date : \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (#1) \_\_\_\_\_ (#2) \_\_\_\_\_ E-mail: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION/ PREFERRED TREATMENT FACILITY:

Name/Location: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### MILITARY BACKGROUND

Active Duty  Veteran Branch \_\_\_\_\_ Title: \_\_\_\_\_ Rank \_\_\_\_\_ Units served: \_\_\_\_\_

Purple Heart recipient;  Yes  No Medically retired:  Yes  No Attended other WW events:  Yes  No

### DISABILITY INFORMATION

Combat-related Disability classification: (eg: TBI, amputation, seizure disorder, PTSD, etc.) Please list: \_\_\_\_\_  
 \_\_\_\_\_ VA Rating%: \_\_\_\_\_

Physical Condition:  Poor  Fair  Good  Very Good  Excellent Service Dog? \_\_\_\_\_

Do you need adaptive/special equipment to participate? (e.g.: wheelchairs, splints, walk or swim aids, etc.)

Yes  No If yes, please list \_\_\_\_\_

Additional physical status: (e.g.: allergies; ROM; spacticity; sensory losses; seizure activity w/ date of last seizure, diabetes, heart, hearing loss, glasses, or contacts): \_\_\_\_\_

### SNOWSPORTS INFORMATION

Participated in skiing/snowboarding before?  Yes  No Which sport?  Skiing  Snowboarding

Level of ability? :  Beginner  Intermediate  Expert Height \_\_\_\_\_ Weight \_\_\_\_\_ Size \_\_\_\_\_

Are you bringing a family member/ guest (s)?  \*YES  NO \*If yes, please complete information below

Pre -approval needed for more than one caregiver/family member:

NAME	RELATION TO YOU	SKI OR SNOWBOARD	HEIGHT/WEIGHT	SHOE SIZE
		<input type="checkbox"/> SKI <input type="checkbox"/> SNOWBOARD		
		<input type="checkbox"/> SKI <input type="checkbox"/> SNOWBOARD		

### OTHER PROGRAMS

Sled hockey  Shooting  Camping  Volunteer/Mentor  Social activities  Sailing  Other

\* Check out our many sport programs on our web and let us know your interests.

• Please fill out if applicable or check not applicable

\_\_\_\_\_ not applicable



# Seizure Action Plan

Effective Date \_\_\_\_\_

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's Name	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician	Phone	

Significant Medical History

## Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:

Student's response after a seizure:

## Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure?  Yes  No

If YES, describe process for returning student to classroom:

## Basic Seizure First Aid

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

### For tonic-clonic seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

### A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

## Emergency Response

A "seizure emergency" for this student is defined as:

### Seizure Emergency Protocol

(Check all that apply and clarify below)

- Contact school nurse at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other \_\_\_\_\_

## Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator?  Yes  No If YES, describe magnet use:

## Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions:

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Disabled Sports USA Waiver & Release of Liability Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this Disabled Sports USA Waiver & Release of Liability Agreement is to exempt, waive, and relieve Released Parties from any and all liability for any harm, wrongful death, personal injury, property damage, claim or cause of action, including, but not limited to liability arising from the negligence of Released Parties. "Released Parties" include Disabled Sports USA, STRIDE, Inc., and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or STRIDE, Inc. related events and activities, the Undersigned ("Undersigned" means the Participant or the Participant's parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

1. **Risks of Activity.** Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.
2. **Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in any Disabled Sports USA/STRIDE, Inc. events or activities or the Participant's presence on or travel to the premises where such events or activities take place, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims, or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in such events or activities or the Participant's presence on or travel to the premises where such events or activities take place.
3. **Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.
4. **Medical Treatment.** Undersigned understands that the Released Parties do not have medical personnel available at the location of the activities. Undersigned hereby grants the Released Parties permission to administer first aid or to authorize emergency medical treatment, if necessary. Undersigned understands and agrees that any such action by the Released Parties shall be subject to the terms of this agreement and release, including any liability arising from the negligence of the Released Parties when administering first aid or authorizing others to do so. Undersigned understands and agrees that the Released Parties do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
5. **Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations, and ordinances; (b) this Agreement shall be governed by the laws of the State of New York and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Rensselaer County, NY; (c) this Agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned; (d) this Agreement shall be construed as broadly as permitted by applicable law; and (e) that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST. BY SIGNING BELOW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT ON MY OWN BEHALF.**

<b>Participant's Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

**FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED**

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian, or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

<b>Minor's DOB</b>	<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>	<b>Date</b>

## Disabled Sports USA Media Release Agreement

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### MEDIA RELEASE FORM

**MEDIA/PHOTO WAIVER:** Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes, and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

<b>Participant's Signature</b>	<b>Participant's Name (please print clearly)</b>	<b>Date</b>

### FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor, or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

<b>Minor's DOB</b>	<b>Parent/Legal Guardian or Representative Signature</b>	<b>Parent/Legal Guardian or Representative Name</b>	<b>Relationship</b>	<b>Date</b>