



Dear STRIDE Applicant,

Thank you for completing a STRIDE Registration for you or your child's participation in our programs. Please read the following information carefully.

- Once received, it is reviewed and filed. Your application is **valid for one year**. Every year after, an update form is required.
 - o Once your registration has been submitted, it is up to you to make reservations for any of our programs or events by contacting the STRIDE Program Director via email or phone. Most information can be located on the website calendar , www.stride.org
- The information you provide is entered into our database to receive STRIDE's electronic newsletter and mailings.
 - o Our e-news announcements provide info for upcoming programs and special events.
 - o The information you provide is confidential and used solely for educational and safety purposes.
 - o A **valid Credit card #** is kept on file for **all programs** as per our cancellation policy.
- Once you have received confirmation that you or your child has a space in a program session, a \$25 administration fee is required for each multi-day program you register for. This can be paid on our website to pay the fee or mail in a check that is made out to STRIDE. This payment secures space in the class. If payment has not been made prior to the session start date, your space can become available to those on the waitlist.

Guidelines: The participant must be at least 4 years old and have a documented physical or cognitive special need. Adults over 21 may participate in some programs that include adult athletes including our STRIDE Wounded Warrior Program. Please understand that STRIDE is a **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.

You can also register by mail fax or email. Mail paperwork to:
4482 NY Highway 150, West Sand Lake, NY 12196
Fax to: 518-391-2563



Sincerely, STRIDE Inc. Administration

For Office Use Only:

Received: / /

Processed: / /

Initials:

___ Youth athlete
___ Adult athlete

STRIDE Adaptive Sports

4482 NY Highway 150, West Sand Lake, NY 12196

518.598.1279 Fax: 518.391-2563

mevans@stride.org



Registration for Programs

Demographic Information

Name: _____ Age: _____ Gender: _____ D.O.B.: _____

Parent/guardian: _____ Email: _____

Address: _____ City/State: _____ Zip: _____

Phone: (_____) _____ Cell: (_____) _____ Work phone: (_____) _____

Primary Disability /Diagnosis: _____ Secondary: _____

Seizures: Yes No If yes; please attach seizure action plan. * All STRIDE participants need to be seizure free for 6 months

Allergies: _____ Epi Pen: Yes No If multiple allergies; what for _____

Personal Data: Shirt size: _____ Height: _____ Weight: _____ Shoe size _____ General Physical Condition: _____

Special adaptive equipment or care needs for participation (e.g.: wheelchairs, splints, walk aids, swim aids, etc.):

Parent(s) occupation(s): _____ Place(s) of employment: _____

STRIDE Programs

Check all those you are interested in:

Swimming

Bowling

Tennis

Golf

Learn to Dance

Yoga

Target Shooting

Sailing

Alpine Skiing & Snowboarding

Jiminy Peak

Ski Sundown

Catamount

Yawgoo

Sled Hockey

SCORE Tent Camping

Wounded Warrior Programs

Specialty Programs

Teen Dances

Bike Camp

Whitewater Rafting

Archery

Hiking/ Snowshoeing

Bocce

Cancellation Policy Fee

A valid Credit Card # is required on file for all programs as per our cancellation policy.

I hereby authorize STRIDE Adaptive Sports to keep a valid credit card number securely on file. In the event I do not follow cancellation protocol of notification within 24 hours for all programs requiring reservations, I will be charged a fee accordingly.

Name on Card: _____
Credit Card Number: _____ Card Type: _____ Exp: _____ CCV: _____

Billing Address: (leave blank if same as above) _____



Please fill out as much information as possible in the spaces below. Place an "x" where it is applicable. If an area is not of concern, skip to the next section. Details help modify programs to your child's needs.

Other Activities & Sport Involvement

Special Olympics:

US Paralympics:

Wounded Warrior Events:

Other Sports? :

Sensory Concerns	Physical Concerns/Mobility
Vision <input type="checkbox"/> partially sighted/legally blind <input type="checkbox"/> blind	Walks unassisted
Describe vision:	Uses mobility device
Hearing <input type="checkbox"/> partial hearing loss <input type="checkbox"/> total hearing loss	<input type="checkbox"/> Uses hands unassisted
Describe hearing:	Describe balance:
Sensitivities:	<input type="checkbox"/> Concerns with temperature/sun/cold
Visual (seeing):	<input type="checkbox"/> Concerns with pressure sores
Auditory (hearing):	<input type="checkbox"/> Shunts/ Catheters
Tactile (touch):	Describe general strength/ endurance:
Proprioceptive (movement):	
Please describe:	Transfers: <input type="checkbox"/> no assist <input type="checkbox"/> partial assist <input type="checkbox"/> total assist
	Comments:
<input type="checkbox"/> Concerns with Speech:	
<input type="checkbox"/> Assistive Technology:	
Phobias: -	Allergies:
Insects <input type="checkbox"/> Animals <input type="checkbox"/> Dogs <input type="checkbox"/> Heights	<input type="checkbox"/> Latex <input type="checkbox"/> Gluten <input type="checkbox"/> Nuts <input type="checkbox"/> Bee- sting
<input type="checkbox"/> Costume Characters <input type="checkbox"/> Other	Other:

Behavior and General Cognition/Processing

Code: 1- No problem 2- Mild problems (occasionally) 3- Moderate problems (frequent) 4- Severe (constant)

Please "x" the appropriate box that best describes your child (describe if marking 3 or 4)	1	2	3	4
Frustration tolerance:				
Hostility:				
Confusion:				
Distractibility:				
Impulsivity:				
Anxiety:				
Following Directions:				
Sequencing:				
Problem Solving:				
Slowness of Cognition:				
Speech/Communication:				
Understands Safety:				



Medical Release: This section is to be completed and signed by a Primary Physician or Physical Therapist regarding physical condition and permission to participate in sport (if applicable)

____ Not Applicable _____ Please Initial if not applicable

Patients Name:

Disability/ Diagnosis:

Orthopedic aids needed for participation:

Past surgical procedures:

Medications: (dosage, frequency, and reason)

Seizure Activity: type and date of last seizure *(if patient has seizures , please attach seizure action plan)*

Information on physical status of participant (ex: allergies, ROM, spasticity, sensory losses, diabetes, heart problems etc.)

Endurance Level: Good Fair Poor **Communication Skills:** Good Fair Poor

Physician or Physical Therapist Signature:

Date:

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

Parent Signature for Permission:

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: List meds to be administered with purpose/ dosages and times to be administered

***** Medications must accompany the participant, clearly labeled in original containers with written administration document.*****

Sunscreen & Insect Repellent Permission (applicable to camping ,sailing or overnight programs)

I, _____ parent /guardian of _____ give my permission to

apply _____ & _____

Type of Sunscreen

Type of Insect Repellent

Signed:

Date:

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

Initials

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.

Participant's Signature	Participant's Name (please print clearly)	Date

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.

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

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.

Participant's Signature	Participant's Name (please print clearly)	Date

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.

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