

Saturday, October 3, 2015
FREE ENTRY FOR ALL AGES



CSUSB



REGISTRATION IS FREE: Early registration is STRONGLY encouraged and participants who pre-register will be guaranteed a free T – shirt. (Register by 9/19 for your T – shirt.) Late registration will also be open on site at 8 a.m. on Saturday, Oct. 3, 2015.

TIME: Doors open at 8 a.m. for packet pickup. Festivities are from 9 a.m. – 3:30 p.m., rain or shine.

EVENTS: Archery, biathlon (skiing and electronic shooting), boccia (all abilities), basketball (wheelchair and stand – up), tennis (wheelchair and stand – up), wall climbing (all abilities), swimming (all abilities), kayaking (all abilities), track and field, motor development activities (for younger participants), goalball (blind sport for all to try), cycling/hand cycling (will have tandem, single, and hand bikes for all abilities), quad rugby (wheelchair sport for all to try), beep baseball (blind baseball for all to try), golf, martial arts, soccer, yoga, rowing, dance, sitting volleyball, and skateboarding

LOCATION: California State University, San Bernardino 5500 University Parkway, San Bernardino. Parking is free to participants in Lot G (<http://www.csusb.edu/mapsDirections/>)

INFORMATION: This will be a day full of fun activities for people of all abilities and ages. It is free to the public with lunch provided only for participants. Additional meals can be bought at the festival or with your online registration. Pre – registration is preferred to ensure enough T – shirts for all participants! T – shirts can only be guaranteed to those who pre – register.

CONTACT & REGISTRATION INFO: You can register online for the festival at disabilitysports.csusb.edu or by submitting this form via email, fax, or mail. For more information please contact the Disability Sports Office: phone (909) 537 – 5352, fax (909) 537 – 7085, or e-mail at sportfes@csusb.edu. Also feel free to check out the DisAbility Sports Festival website at: disabilitysports.csusb.edu and on Facebook at www.facebook.com/disabilitysportsfestival.

The DisAbility Sports Festival organizing committee may have to postpone the DisAbility Sports Festival due to inclement weather or other unforeseen circumstances. The rescheduled date is set for Saturday, Oct. 17. The DisAbility Sports Festival organizing committee will notify people via email and post an announcement on our website and Facebook page if the festival is postponed.

PARTICIPANT:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

☐ Male ☐ Female Age as of Oct. 3, 2015: _____

Phone Number: () _____ T-shirt size: (Please mark one) YS YM XS S M L XL XXL

***E-mail:** _____

WAIVER:

In consideration of the acceptance of my entry, I, the undersigned, intending to be legally bound, for myself, my executors, administrators and assignees, do hereby waive and release the sponsors of this event, as well as CSUSB, and all persons and agencies connected with this event from all claims arising from my participation in and travel to and from this event. In consideration of this event, I understand the dangers, risk, and injury, that come from participating in athletic activities and will be responsible for myself if injury happens whether it be my fault or that of the other participants. I certify that I am responsible for my own actions at the festival and will be cautious of participants around me. I also certify that I am physically fit and adequately trained to participate in this event. I also allow CSUSB to use photographs and video of me and the event to be used in any promotional material.

Signature: _____ Date: _____

Parent signature (if under 18): _____

EVENT CATEGORIES (PLEASE RANK THE ORDER – 1 THROUGH 5 ONLY, PLEASE – OF YOUR PREFERRED ACTIVITIES):

___ Archery	___ Golf	___ Soccer	___ Wheelchair Basketball
___ Biathlon	___ Kayaking	___ Skateboarding	___ Yoga
___ Beep Baseball**	___ Martial Arts	___ Stand Up Basketball	
___ Boccia	___ Motor Skills Activity	___ Swimming	
___ Cycling	___ Quad Rugby	___ Tennis	
___ Dance	___ Rowing	___ Track & Field	
___ Goal Ball**	___ Sitting Volleyball	___ Wall Climbing	

** For people with and without visual impairments.

DISABILITY TYPE (PLEASE MARK ALL THAT APPLY):

- | | |
|---|--|
| <input type="checkbox"/> Intellectual Disability (i.e. Down Syndrome) | <input type="checkbox"/> Low Vision/Blindness |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Physical Disability (ie. SCI, cerebral palsy) |
| <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Emotional/Mental Conditions (i.e. depression, PTSD) |
| <input type="checkbox"/> Hard of Hearing/Deafness | <input type="checkbox"/> Other Health Conditions (i.e., cancer, asthma, diabetes): |
| <input type="checkbox"/> Traumatic Brain Injury | |

Please list any pertinent medical conditions or special needs: _____

What (if any) equipment do you use (i.e. glasses, wheelchair)? _____

Do you currently or have you served in the US military? ☐ Yes ☐ No If yes, in what branch did you serve? _____

Have you had a seizure in the last 5 years? ☐ Yes ☐ No

If yes, please describe the seizure? Time it usually lasts? Unconscious? What symptoms before it occurs? Is there anything in particular to avoid?: _____

What is your primary language so that we can have appropriate interpreters?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> Other: _____ |

EMERGENCY CONTACT:

In case of an emergency, who should we contact?

Name: _____ Phone Number: _____

Relation to Participant: _____

PLEASE MAIL TO:

DisAbility Sports Festival Office
California State University, San Bernardino
5500 University Parkway, COE-238
San Bernardino, CA 92407-2393

