

Adaptive Sports & Adventures Program



Carolinas Rehabilitation

Program: Water Skiing, Summer 2008

Participant Registration:

Name: _____ DOB: _____ M/F _____

Parent/Guardian Names (if under 18): _____

Address: _____

City: _____ State: _____ Zip: _____

Email _____

Phone: _____ h _____ wk _____ cell _____

Emergency Contact: _____ Contact Phone: _____

Disability _____

Please list any allergies or special considerations we should be aware of for you to participate:

First time skier? Yes No Skill Level: _____

Goal for Season: _____

Waiver:

In consideration of my or my child's participation in Adaptive Sports & Adventures Program (ASAP) events for all 2008 programs and events, I release and hold harmless the Carolinas Healthcare System d/b/a Carolinas Rehabilitation and any and all employees or agents, to the extent allowed by law for any injuries resulting from my or my child's participation in such activities. I have informed the ASAP staff of any physical or medical conditions that may hinder my or my child's participation in the program or activity. Furthermore, unless stated in writing, I give my permission to use any photographs taken in programs or services for public relations purposes, understanding all confidential information will be upheld.

Signature of participant _____ Date: _____
(Parent or guardian if less than 18 years of age)

Due to the popularity of this ski program and the large number of skiers expected this year we ask that all skiers fill out the information below as specifically as possible. Skiers must pre-register on this form to be put on the list for each day. Anyone that is not registered will go at the bottom of the list on a time available basis only. Due to increasing costs to provide this program, there will be a **\$25.00 fee** for the summer.

If you sign up for a time and can not make it please email ASAP @ carolinashealthcare.org or call (704) 355-1062^(office) or (704) 591-1013^(cell) to notify us. If you miss your slot and do not call, your name will be moved to the bottom of the list. We will make every attempt to accommodate for your preferred time slot; however, assigned times can only be an estimate. You will receive an email or phone call prior to the ski date.

To have your name placed on the list you must first pay your registration fee to the ASAP office. Checks may be made out to ASAP Fund. Upon arrival at the waterfront check in with registration at the top of the ramp to the dock. He/she will tell you where you are on the list and give you an estimated ski time. You must be dressed and ready to go at the top of the dock at your assigned time or your name will be placed at the bottom of the list.

I would like to attend the following Thursday's (please check appropriate box):

Ski Time: 4:00pm to 8:00pm

				<i>Office use only:</i>
Date	Preferred Time		Can Not Attend	Attendance Record
June 5, 2008				
June 12, 2008				
June 19, 2008				
June 26, 2008				
July 3, 2008				
July 10, 2008				
July 17, 2008				
July 24, 2008				
July 31, 2008				
August 7, 2008				
August 14, 2008				
August 21, 2008				
August 28, 2008				

I plan to attend the following Saturday's (please check appropriate box):

Ski Time: 1:00pm to 4:30pm

				<i>Office use only:</i>
Date	Earliest Time	Will Attend	Can Not Attend	Attendance Record
June 21, 2008 (TBI Support Group) Closed Session	Closed	Closed	Closed	
July 19, 2008				
August 16, 2008				