



Great Lakes Adaptive Sports Association

## **Wheelchair Track Clinic for Youth, Teens, & Adults Beginner to Experienced**

### **Presenters:**

Amie Stanton Day – Track Paralympian  
GLASA Coaches  
Track Athlete Mentors

**Saturday, November 16, 2013**

**1:00 – 3:00 PM**

**College of Lake County**

19351 W. Washington St., Grayslake, IL 60030  
(Physical Education Building- Building 7)

- Specialized track chairs will be available for use & sizing by our seating and positioning coaches
- Learn about pushing and stroke techniques
- Cross Training, conditioning and roller works will be available for adult and experienced athletes
- Receive information on local, regional and national competitions, and opportunities to participate in your school
- Attendees will be grouped according to age and ability

Please fax the attached registration form to 847-283-0973 or e-mail to [nverneuille@glasa.org](mailto:nverneuille@glasa.org).  
Feel free to contact Cindy Housner [chousner@glasa.org](mailto:chousner@glasa.org) or Nicole Verneuille if you have questions or need additional information.

## 2013 GLASA Track Clinic

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

(Parents name if under 18)

**Age:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Preferred Phone:** \_\_\_\_\_

**School/College(if applicable)** \_\_\_\_\_

**Injured Veteran:**  **Yes**  **No**

First time Athlete:  **Yes**  **No**

I own my own track chair:  **Helmet**  **Gloves**   
and will be bringing them with me to the clinic.

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Width Hip to Hip:** \_\_\_\_\_



# Waiver Form - GLASA

**PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF THE ADULT PARTICIPATING OR PARENT/GUARDIAN OR PARTICIPANT AS WELL AS DATE ARE NOT ON THIS WAIVER.**

**NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY TRAINING, COMPETITION, MEETING OR TESTING SESSIONS.**

**BY SIGNING THIS FORM, THE PARTICIPANT AFFIRMS HAVING READ THE WAIVER.**

**PARTICIPANT'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

SPONSORING ORGANIZATIONS: Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association  
IN CONSIDERATION of being allowed to participate in any way in the sports and activities of Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association my involvement under the auspices of Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association, this sponsoring organization, I acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, dismemberment and death and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; as well as loss of or damage to property.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and, I, willingly agree to comply with the stated customary terms and conditions for participation. If however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and, FOR MY SELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS Wheelchair and Ambulatory Sports, USA and Great Lakes Adaptive Sports Association, THEIR OFFICERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, and/or LOSS or DAMAGE TO PERSON OR PROPERTY WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE and/ or WANTON MISCONDUCT.

PUBLICITY STATEMENT: I **DO NOT** \_\_\_\_\_ grant permission for pictures taken of participant (taken by individuals; i.e. other participants, parents, etc.) and name of participant to be used by GLASA for the purpose of agency promotion and education.

EMERGENCY TREATMENT PERMISSION: I know that GLASA does not carry medical or accident insurance. My family's own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of each individual. I agree to emergency treatment by a physician or hospital in the event I cannot be reached.

**I HAVE READ THIS RELEASES OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
**PARTICIPANT'S SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

## **FOR PARTICIPANTS UNDER THE AGE OF 18 AT TIME OF REGISTRATION**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release but also to release and indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs for myself, my heirs, assigns and next of kin.

\_\_\_\_\_  
**PARTICIPANT'S SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

\_\_\_\_\_  
**PARENT/GUARDIAN'S SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

**EMERGENCY PHONE NUMBER:** \_\_\_\_\_