

St. Ann Special Athlete Fun Day - Registration/Permission

Celebrating Our 24th Anniversary!!!

Saturday, October 10, 2015

Christian Brothers High School • 5900 Walnut Grove Road • Memphis, TN 38120

ATHLETE REGISTRATION BEGINS AT 8:00 AM

First Name: _____ Last Name: _____ Sex: M- F-

Address: _____ City: _____ St: _____ Zip: _____

Age: _____ Date of Birth: _____ School/Organization Representing: _____

Telephone: _____ Emergency #: _____

Parent/Guardian Name: _____ Phone/Cell: _____

Physician: _____ Phone/Cell: _____

Special Medical Needs/Information:

T-Shirt Size: **YOUTH:** S M **ADULT:** S M L XL 2X 3X 4X 5X

Please Mark Choices: Each participant is eligible for THREE (3) events!

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 25 Meter Dash | <input type="checkbox"/> Softball Throw | <input type="checkbox"/> Soccer Kick | <input type="checkbox"/> Bean Bag Toss |
| <input type="checkbox"/> Frisbee Throw | <input type="checkbox"/> Wheelchair Race* | <input type="checkbox"/> Wheelchair Obstacle Course* | |

*** Wheelchair Drop-off ONLY on North Humphreys Blvd behind Baseball Field. No Parking!!!**

*** PLEASE provide leg/foot rests for all wheelchair participants**

PARTICIPANT/GUARDIAN RELEASE

I hereby give permission for the entrant named above to participate in the Special Athlete Fun Day sponsored by St. Ann Catholic Church. I represent and warrant to you that the entrant named above is physically and mentally able to participate in this track and field event.

I understand I will be responsible for any medical expenses for myself/my child, if any, and do waive any legal right or claim against St. Ann Catholic Church, Christian Brothers High School, The Catholic Diocese of Memphis, Special Athlete or their staffs in the event of injury by participation in any such activity or travel to and from any such activity.

Please note the POLICY requiring one adult (parent or guardian) for each athlete. This adult must REMAIN WITH THE ATHLETE DURING THE ENTIRE EVENT. This is a liability issue and we appreciate your help in providing this one-to-one ratio.

By signing this form I authorize the sponsors' staff members to administer first aid, contact our family physician for medical treatment, summon emergency medical care, or transport me/ my child to a medical facility for treatment.

ELECTRONIC IMAGE RELEASE

I hereby give permission for the entrant named above to have their image captured during the course of this event. This image may or may not be made public via the FunDay website or Facebook website. **IF YOU CHOOSE TO OPT-OUT OF THIS PERMISSION YOU MUST COMPLETE THE "MEDIA-OPT-OUT" FORM WHICH WILL BE AVAILABLE UPON CHECK-IN AT THE EVENT ON OCTOBER 10, 2015.**

Signature: _____ Date: _____ Relationship to participant: _____

Day of Event Guardian: _____ Cell: _____

Please **MAIL by September 17, 2015** to: St. Ann Special Athlete Fun Day, 6529 Stage Rd., Bartlett, TN 38134
or **FAX to 901-373-9030**, or **EMAIL to: Register@SAFunDay.org**. OR register online at **www.SAFunDay.org**.