



2019 Adapted Bowling Participant Registration

Adapted Bowling is held the **FIRST** and **THIRD THURSDAY** of the month

Jan 3, 17	Feb 7, 21	Mar 7, 21	Apr 4, 18	May 2, 16	Jun 6, 20
Jul 18	Aug 1, 15	Sep 5, 19	Oct 3, 17	Nov 7, 21	Dec 5, 19

Bowling is from 4:00-5:00 PM at McHenry Bowl, please arrive at 3:30 PM for check-in, lane assignment and shoe rental. Participants and 1 guest bowl free. Additional guests are welcome with a small fee of only \$3.00 for two games and shoes.

Reservations are REQUIRED EACH BOWLING DAY.

All participants will be contacted the Monday prior to bowling day to confirm a reservation. Please contact Society ASAP if you are unable to attend to make room for someone else.

Participant Name: _____

Disability: _____

Age: _____ Birthdate: _____ Gender: Male Female

Address: _____ City: _____ Zip: _____

Phone (H): _____ (W): _____ (C): _____

Email (REQUIRED): _____

Please list any medications, health conditions, allergies, dietary restrictions and any special instructions regarding your child:

What do we need to know in order to safely and successfully work with your child in an activity setting? Are there any activity limitations? Please be specific:

What precautions, special instructions, restrictions or behaviors, etc. do we need to know about? Are there any effective strategies/procedures that would be helpful in working with the participant?

Are there any other instructions or information that you think is important for us to know?



Emergency Contact Information

PLEASE NOTE: Parent/Guardian must be present and available in case of emergency

Participant Name: _____ DOB: _____

Emergency Contact Person: _____

Phone: _____ Relationship: _____

Parent Signature: _____ Date: _____

(if participant is under 18 years old)



Nondiscrimination Policy

Society for disABILITIES (the Society) is a 501(c) (3) nonprofit organization. The Society is committed to providing an environment and programs that are free from discrimination because of race, color, religion, creed, national origin, ancestry, disability, gender, sexual orientation, or age. The Executive Director has issued the following policy stating the Society's views in this matter:

- We will strictly follow program procedures that will ensure equal opportunity for all people without regard to race, color, religion, creed, national origin, gender, sexual orientation, age, ancestry, marital status, disability, veteran or draft status.
- Thoroughly investigate instances of alleged discrimination and take corrective action if warranted.
- Be continually alert to identify and correct any practices by individuals that are at variance with the intent of the Nondiscrimination Policy.
- Make reasonable accommodations wherever necessary for all employees or applicants with disabilities, provided the individual is otherwise qualified to safely perform the duties & assignments connected with the job & provided any accommodations made do not require significant difficulty or expense.
- Achieve understanding & acceptance of the Society's policy on Equal Employment Opportunity by all staff & volunteers and by the communities in which the organization operates.

Zero Tolerance to Sexual Harassment in the Workplace

- Unwanted jokes, gestures, offensive words on clothing, and unwelcome comments and repartee.
- Touching and any other bodily contact such as scratching or patting a coworker's back, grabbing an employee around the waist, or interfering with an employee's ability to move.
- Repeated requests for dates that are turned down or unwanted flirting.
- Transmitting or posting emails, texts, or pictures of a sexual or other harassment-related nature.
- Displaying sexually suggestive objects, pictures, or posters.
- Playing sexually suggestive music.
- Quid pro quo...anything of sexual nature suggested in exchange of "You do something for me and I'll do something for you".
 - "I'll get you fired if you don't have sex with me, or go on a date with me, or touch me, etc."
 - A job benefit of any kind that is linked to unwelcome sexual advances.
- Treating one sex differently than the other.
- Any sexual advance or sexually derogatory comments making an employee uncomfortable.
- There shall be no retaliation against any employee reporting a case of Sexual Harassment.

I have read and agree to the terms of this document.

Name (**PLEASE PRINT CLEARLY**): _____ Date: _____

Signature: _____



**2019 Adapted Bowling
Participant Photo Release Waiver and Release of Liability**

I request that my child to be allowed to participate in the *Adapted Bowling Program*, and agree to the following.

- I acknowledge and fully understand that my child as a minor participant will be engaging in activities that may involve risk of serious injury, including permanent disability and death. I am aware of the many dangers and inherent risks in the sport of bowling, including without limitation: risks of collision with objects and or, falling. I also acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
- I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- Myself and my family release, waive, discharge and promise not to sue Society for disABILITIES, McHenry Bowl, its' volunteer instructors and director, its staff, executive director, and board of directors, and other participants of *Adapted Bowling* for any personal injury, property damage, or other damages that may arise from my participation in the *Adapted Bowling*, regardless of whether such injury or damage is caused by negligence or carelessness of the *Adapted Bowling* event.
- I agree that photographs and/or my name, my child's name may be published in, or used by Society for disABILITIES and any of the media or mass communication (including newspapers, magazines, television, pamphlets, brochures, newsletters, reports, etc.) without any liability on the part of Society for disABILITIES.
- I have talked to my physician, who has acknowledged, that my child is physically capable to engage in the sport of bowling. I have given an accurate description of my child's disability and medical needs on the *Adapted Bowling* participant application.
- I agree that the staff and volunteers of the *Adapted Bowling* and Society for disABILITIES may authorize emergency medical treatment for me, or for my child, up to and including emergency hospitalization and surgery. I give the Society and volunteers' the right to determine the appropriate medical facility/provider in the absence of a parent. I agree to be personally responsible for any related medical expenses.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

Participant Name: _____
(PLEASE PRINT CLEARLY)

Participant Signature: _____ Date: _____

Parent Name: _____
(PLEASE PRINT CLEARLY)

Parent Signature: _____ Date: _____

***PARENT SIGNATURE IS REQUIRED if participant is under 18 years of age**