



2021 Adapted Bowling Participant Registration

Bowling is held the **FIRST** and **THIRD THURSDAY** of the month (unless otherwise stated)

Nov 4, 18 Dec 2, 16

Bowling is from 4:00-5:00PM at McHenry Bowl, please arrive at 3:30 PM for check-in, lane assignment, and shoe rental. There is a \$5.00 fee per bowler, per session to reserve your spot for two games and shoes. Reservations and payment are required **PRIOR TO EACH BOWLING SESSION.**

Reservations are **REQUIRED EACH BOWLING SESSION**

All participants will be contacted the Monday before 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**): _____



PARTICIPANT QUESTIONS:

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

Emergency Contact Person: _____

Phone: _____ Relationship: _____



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: _____



Image Release and Liability Waiver

PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate on behalf of Society for disABILITIES' programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Their likeness, or the likeness of their child/ward may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program; and,
2. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce the risk, the risk of serious illness and death does exist; and,
3. I knowingly and freely assume all such risks, both known and unknown to me or are not foreseeable at this time, even if arising from the negligence or fault of the Released Parties, and assume full responsibility for my participation; and,
4. I hereby knowingly assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Society for disABILITIES their directors, officers, employees, volunteers, agents, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, the owners and lessors of premises used to conduct the event ("Released Parties"), with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence or fault or conduct of any kind on the part of the Released Parties, to the fullest extent permissible under applicable law; and,
6. I agree that the staff and volunteers of Society for disABILITIES may authorize emergency medical treatment for me, or for my child(ren), 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 or caregiver. I agree to be personally responsible for any related medical expenses.

I HAVE CAREFULLY READ ALL PROVISIONS OF THIS RELEASE, WAIVER, AND ASSUMPTION OF RISK, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT FREELY AND VOLUNTARILY.

Participant Name: _____
(PLEASE PRINT CLEARLY)

Participant Signature: _____ Date: _____

Parent/Guardian Name*: _____
(PLEASE PRINT CLEARLY)

Parent Signature*: _____ Date: _____

***PARENT SIGNATURE REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE OR IS UNABLE TO LEGALLY GIVE EFFECTIVE CONSENT.**