

2018 Dixie Games

Registration/Checklist Expense Form

Checks must be made out to: **Dixie Wheelchair Athletic Association**
 Registrations must be postmarked by **4/11/2018**
 Registration Fee **\$75** per person. Late Registration Fee: **\$30 per registration**
Please complete the registration form on line and save it to your computer as the athlete's name.
Email the Registration Checklist Form, Athlete Event Form, and Relay Forms as attachments to:
fastpasco@gmail.com All other forms requiring signatures and payment will be mailed to:
2018 Dixie Games-Pam Chiavaroli, 7207 Cheshire Court, Hudson, FL 34667

Registrant Name: _____ DOB: _____ Gender: Male / Female USA Citizen
 Yes No

Address: _____ City: _____ State: _____ Zip Code: _____

Mobile Contact Number: _____ Email Address: _____

Disability: _____

Coach's Name: _____ Team Name: _____

Coach's Daytime Phone: _____ Coach's Cell Phone: _____

Coach's Email: _____ T-Shirt Size _____

Classification appointment needed: Yes No Disabled Vet: yes no

Adaptive Sports USA 2018 Membership #: _____ IPC License # _____

This checklist is provided to assist in completing the necessary forms. Please check off all forms that are used.

- Registration Form Checklist/Expense Form:** To be completed by all registrants.
- Athlete Event Form:** To be completed by all athletes
- Track Relay Event Form:** To be completed by Head Coach for relay teams
- Swim Relay Event Form:** To be completed by Head Coach for relay teams
- Waiver Form:** Required of all officials, athletes, registered coaches and assistant coaches

Please check the appropriate boxes and complete the expense formulas below.

<input type="checkbox"/>	Registration Fee for (# athletes) enclosed @ \$75 per athlete; includes lunch on April 28 th	\$
<input type="checkbox"/>	Registration Fee for (# coaches) enclosed @ \$25 per coach	\$
<input type="checkbox"/>	Late registration fee postmarked after April 11, 2018 @ \$30 per individual	\$
	TOTAL Enclosed	\$

Name on Check _____ Check Number _____

Please make all checks payable to:
Dixie Wheelchair Athletic Association
 Please send all forms requiring signatures and checks to:
2018 Dixie Games Pam Chiavaroli
7207 Cheshire Court
Hudson, FL 34667

Email: Registration Checklist Form, Athlete Event Form, and Relay Forms to: fastpasco@gmail.com

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Athlete Event Form

Complete this on line saving to your computer. Email to fastpasco@gmail.com as an attachment!
Please check each of the events you wish to enter. You may enter as many events for which you are eligible per classification (paralympic assigned level of disability) and age with the exception of swimming is limited to 7 events which includes 1 IM event and does not include relays. Refer to the Adaptive Track & Field USA (www.atfusa.org) & Adaptive Sports USA (www.adaptivesportsusa.org) websites for rulebooks to determine events for class, age, and gender. Please note the tentative schedule to avoid any possible conflicts. List your fastest times for the track events for heating purposes.

Athlete Name:

Coach's Name:

CLASSIFICATION (FUNCTIONAL ex: Track 53 or T53):

TRACK: FIELD: ARCHERY: SHOOTING:

SWIM (Free/Fly) S: SWIM (Breast) SB: SWIM (Medley) SM:

ARCHERY:

Choose one: Recurve Bow Compound Bow Bowstand yes no

Choose one: Yeoman (7-9) Bowman (10-12) Cub (13-14)
 Cadet (15-17) Junior (18-20) Young Adult (21-22) Adult

AIR RIFLE: CHECK ONE: Friday 5pm Saturday 9 am Saturday 1:30 pm

CYCLING: specify one: Handcycle Recumbent Adaptive Trike
CHECK ONE: 13 MILES 22 MILES

WEIGHTLIFTING: Bench Press Powerlift **Weight Class:**

TRACK:

	Time	Time	Time	Time	
<input type="checkbox"/> 20m	<input type="text"/>	<input type="checkbox"/> 60m	<input type="text"/>	<input type="checkbox"/> 60m	<input type="text"/>
Weave	<input type="text"/>	<input type="checkbox"/> 100m	<input type="text"/>	<input type="checkbox"/> 200m	<input type="text"/>
800m	<input type="text"/>	<input type="checkbox"/> 1500m	<input type="text"/>	<input type="checkbox"/> 5000m	<input type="text"/>
				<input type="checkbox"/> 400m	<input type="text"/>
				<input type="checkbox"/> Relays	<input type="text"/>

(Complete track relay form)

FIELD Shot put Discus Javelin Club
 Long Jump Triple Jump High Jump Softball

SWIMMING: Freestyle: 25 50 100 200 400/500
(Max of 7 events) Back: 25 50 100
Breast: 25 50 100
Butterfly: 25 50 100
Ind. Medley: 3X25 4X25 3X50 4X50
 Relays (Complete swimming relay form)

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Insurance Waiver and Release of Liability

In consideration of my and/or my child's participation in the **2018 Dixie Games**, I, the undersigned, for myself, and/or for my child, _____ our heirs, executors, administrators and assigns, hereby waive and release any and all claims for damages for death, personal injury, loss of property or property damage I and/or my child may have, or that may subsequently accrue to me, my child, or to our heirs, executors, administrators or assigns. Further, I, the undersigned, and/or my child discharge and release in advanced the organizers, promoters, volunteers, sponsors, and Pasco County Department of Tourism; Pasco County Parks and Recreation; Hampton Inn, USA Track and Field, Adaptive Sports, USA, Dixie Wheelchair Athletic Association, their respective agents, boards, representatives, successors and assigns from any and all liability arising out of or connected in any way with my and/or my child's participation in the above-mentioned **2018 Dixie Games**, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I and/or my child voluntarily assume all risks of loss, damage or injury that may be sustained while participating in the above-mentioned event. I and/or my child attest that I am physically fit to participate in the **2018 Dixie Games**. I and/or my child understand and agree that medical or other services rendered to me and/or my child by, or at the instance of, any of the persons or entities mentioned above is not an admission of liability to provide or to continue to provide any such services, and is not a waiver by any of the persons or entities mentioned above of any right hereunder.

I and/or my child further understand that serious accidents occasionally occur during the programming involved in the **2018 Dixie Games** and that participants in such events occasionally sustain personal injury and/or property damages as a consequence thereof. Knowing of such inherent risks, I and/or my child nevertheless hereby agree to assume those risks and to release and hold harmless all of the persons and entities mentioned above, who, through negligence, carelessness or otherwise, might be liable to me and/or my child, or our heirs, personal representatives or assigns for damages. I and/or my child agree to accept and abide by the rules and regulations of the events as established and provided by the organizers and sponsors of the **2018 Dixie Games** and to obey the directions of the designated officials.

In further consideration of my and/or my child's participation in **2018 Dixie Games**, I and/or my child hereby grant full permission to any persons or entities mentioned above and/or agents authorized by said persons and entities, to use photographs, videotapes and any other records of **2018 Dixie Games**, including my and/or my child's name, likeness, and/or voice for any legitimate purpose without compensation or remuneration to me, my child, or our heirs, executors, administrators and assigns.

Name (Please Print)

Date

Signature (Parents Signature if under 18 years of age)

Date