



## SPORTSNET REGISTRATION FORM

Please fully complete this form providing the information requested. Please print all information.

### Participant information

First, Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Alternate Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_  
 Number \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Are you a new participant?  Yes  No  
 How did you hear about SportsNet? \_\_\_\_\_

#### Participant/Parent/Guardian Release

As a participant/parent/guardian of the participant of this program, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss resulting from participation in any and all activities connected with or associated with such a program. I agree to waive and relinquish all claims I may have, as a result of my/my child's participation in the program, against Rochester Rehabilitation, and its agents, employees, staff and volunteers for any and all claims from injuries, damage or loss which I have or which may accrue to me on account of my/my child's participant in the program. I further agree to protect, defend and hold harmless Rochester Rehabilitation and its agents, employees, staff and volunteers from any and all claims resulting from injuries, damage or losses sustained by myself or my child or arising out of, connected with, or in any way associated with the activities of the program. I have read and fully understand this release form.

**Before registration in any program(s) is valid, this release form must be signed by the participant or the participant's parent or legal guardian.**

**Signature of Participant/Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Please Sign!

#### Multi-Media Release

I, the undersigned, hereby authorize Rochester Rehabilitation to utilize photographs, videotapes, voice recordings, etc of the participant to be used exclusively for promotion, advertising and marketing of Rochester Rehabilitation and its programs.

**Signature of Participant/Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Program Name	Program Dates/Times	Fee
Please enter the Program Name listed on the Session Schedule	Please enter dates or times specific to the program, if applicable	
EXAMPLE Monday Cycling 1	6/27, 6:00 7/11, 6:00 7/18, 6:00	\$30.00
<b>Total Amount Enclosed</b>		

#### METHOD OF PAYMENT CASH CHECK MONEY ORDER

Please make payable to "Rochester Rehabilitation—SportsNet" and indicate your program name in the MEMO.  
 Mail to or drop off at: 1000 Elmwood Ave, Door #6, Rochester NY, 14620, ATTN: SPORTSNET  
 CONTACT SPORTSNET AT 585.271.1894 ext. 1742

Office use only: Date received: \_\_\_\_\_ DB Check \_\_\_\_\_ Interest Survey Sent \_\_\_\_\_

#### Please complete the information below for any program you are registering for.

<b>Golf</b>	I am __ Left __ Right handed	__ I need golf clubs	I Need __ Adapted cart __ Standard cart __ None	
<b>Sailing</b>	I need: __ Seating modification	I need: __ Transfer assistance		
<b>OR</b>	I need: __ Grip modification	I need: __ Seating modification	I need: __ Transfer assistance	
<b>Cycling</b>	I need: __ Youth hand cycle __ Adult hand cycle __ Pedal cycle __ Tandem	You <b>must</b> wear a helmet to participate. __ Have own __ Need SportsNet's	__ I would like to ride with a companion rider. __ I am bringing a companion to ride with me. __ No companion desired.	I need transfer assistance from staff/volunteers. __ Yes __ No
Other Comments:				

**Please note: All Aquatics participants must have a physician's approval prior to participation. A signed Medical Clearance form must be completed by the physician.**



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### FOR OFFICE USE ONLY

<b>Session 1</b>		
Program Name:		
Session Dates:		
Changes to previous registration info:		
Payment Amount:	<input type="checkbox"/> CA <input type="checkbox"/> CK#_____	Date Payment Received:
<b>Session 2</b>		
Program Name:		
Session Dates:		
Changes to previous registration info:		
Payment Amount:	<input type="checkbox"/> CA <input type="checkbox"/> CK#_____	Date Payment Received:
<b>Session 3</b>		
Program Name:		
Session Dates:		
Changes to previous registration info:		
Payment Amount:	<input type="checkbox"/> CA <input type="checkbox"/> CK#_____	Date Payment Received:
<b>Session 4</b>		
Program Name:		
Session Dates:		
Changes to previous registration info:		
Payment Amount:	<input type="checkbox"/> CA <input type="checkbox"/> CK#_____	Date Payment Received:
<b>Session 5</b>		
Program Name:		
Session Dates:		
Changes to previous registration info:		
Payment Amount:	<input type="checkbox"/> CA <input type="checkbox"/> CK#_____	Date Payment Received:
<b>Session 6</b>		
Program Name:		
Session Dates:		
Changes to previous registration info:		
Payment Amount:	<input type="checkbox"/> CA <input type="checkbox"/> CK#_____	Date Payment Received:
<b>Session 7</b>		
Program Name:		
Session Dates:		
Changes to previous registration info:		
Payment Amount:	<input type="checkbox"/> CA <input type="checkbox"/> CK#_____	Date Payment Received:



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