

**Registrations due by  
Tuesday, June 20, 2017**

## 2017 CAMC Foundation's Para-Athletics Program Mid-Atlantic Games Registration Packet

### Athlete Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: (Circle One)    **M**    **F**

Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- Check Circle if you would prefer to be sent updates by text message.

Email: \_\_\_\_\_

Shirt Size (Circle One)    **YS**    **YM**    **YL**    **AS**    **AM**    **AL**    **AXL**    **AXXL**

Classification: Track: \_\_\_\_\_ Field: \_\_\_\_\_

**\*Contact James Cowie – 304-553-9132 or email at [jcalco3@gmail.com](mailto:jcalco3@gmail.com)**

### Emergency Contact Information

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

### Team Information (if applicable)

Team Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Coach's Email: \_\_\_\_\_

Coach's Phone: \_\_\_\_\_

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## Event Registration

**Friday June 23, 2017**

**Track and Field @ University of Charleston Stadium at Laidly Field**

(If you do not know your classification, please be sure to check the unclassified box below.)

<ul style="list-style-type: none"><li><input type="radio"/> Track Events <b><u>Unclassified</u></b></li><li><input type="radio"/> 60M</li><li><input type="radio"/> 100M</li><li><input type="radio"/> 100M Power chair</li><li><input type="radio"/> 200 M</li><li><input type="radio"/> 400M</li><li><input type="radio"/> 800M</li><li><input type="radio"/> 1,500M (HANDCYCLE Only)</li><li><input type="radio"/> 10,000M (HANDCYCLE Only)</li></ul>	<ul style="list-style-type: none"><li><input type="radio"/> Field Events <b><u>Unclassified</u></b></li><li><input type="radio"/> Discus</li><li><input type="radio"/> Shot Put</li><li><input type="radio"/> Club</li><li><input type="radio"/> Javelin</li><li><input type="radio"/> Turbo Javelin (YOUTH Only)</li><li><input type="radio"/> Long Jump</li></ul>
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**IMPORTANT**

**Waiver and Release of Participation:**

I warrant that I am physically able to engage in the Para-Athletic Program's Mid Atlantic Games and I have no medical condition which would prevent my full participation in this event. I knowingly, voluntarily and expressly wavier, on behalf of me, my heirs and personal representatives, any claim that I or they may have against the Mid-Atlantic Wheelchair Association or Charleston area Medical Center (CAMC) for injury or damages, including death, which may sustain as a direct or indirect result of participating in this event. I forever release, waive discharge and covenant not to sue the Mid-Atlantic Wheelchair Association or CAMC, its trustees, officers, employees, agents and volunteers, for any injury or damages, including death, directly or indirectly resulting from my participation in this event. I have read the forgoing wavier and release of liability and fully understand its contents.

Signature (guardian if under 18)\_\_\_\_\_ Date:\_\_\_\_\_

**PHOTO RELEASE:** I hereby authorize the Mid-Atlantic Wheelchair Association and Charleston Area Medical Center (CAMC) to copyright and/or publish any and all photographs, videotapes and/or film in which I and/or the minor participates appear while attending these events. I further agree that the Mid-Atlantic Wheelchair Association or/and CAMC may transfer or use these photographs, videotapes or film for any exhibitions, public displays, promotions or advertising purposes without indications or reservations.

Signature (guardian if under 18)\_\_\_\_\_ Date:\_\_\_\_\_