

**Ohio Wheelchair
Sports Association**



Membership Form

Please Provide The Following Information:

First Name	Last Name	M	F
Phone#	Alternate Phone#	Gender	
DOB			
Address			
City	State	Zip	
E-Mail Address:			

The Ohio Wheelchair Sports Association Liability and Media Release

If the person signing this document is a minor, the minor's legal guardian must print their name above the minor's name where the participant is required to print his or her name.

I _____ hereby acknowledge that by participating in an Ohio Wheelchair Sports Association event
(PRINT NAME)
could result in injury to my person, or damage to my property, and that the injury or damage could be severe.

I _____ understand that by signing this document I am releasing the Ohio Wheelchair Sports
(PRINT NAME)
Association, Its Agents, Affiliates, and Sponsors from all liability for any damages to my person, or to my property, which may be incurred in any present or future event in association with the Ohio Wheelchair Sports Association; regardless of my level of participation in the event.

I _____ hereby attest that I am physically able to participate in the activities hosted by the
(PRINT NAME)
Ohio Wheelchair Sports Association, and I understand that if a medical condition arises that affects my health or inhibits my physical ability to participation in an event, before or during the event; I must immediately withdraw from the event, and alert the Ohio Wheelchair Sports Association personnel to my change in condition. In addition, I understand that by signing document I am authorizing the Ohio Wheelchair Sports Association and its affiliates to use my image and voice as they see fit.

Signature (Participant, Guardian MUST sign for a minor) **Date**

**Membership Dues are \$ 15.00 annually (October through September)
A \$15.00 late fee will be assesed to current members if not received by November 1st
Those members participating on teams receiving additional
funding from Buckeye PVA MUST also join BPVA**

PLEASE INDICATE THE FOLLOWING INFORMATION

SPORTS PARTICIPATE IN

Shirt Size: < S > < M > < L > < XL > < XXL > < XXXL >

Are you a Veteran of the Armed Forces? Yes No

Do you participate or volunteer in the Wheelchair games ? Yes No

<input type="checkbox"/> Basketball <input type="checkbox"/> Field Events <input type="checkbox"/> Hand-Cycling <input type="checkbox"/> Blaze (Jrs) <input type="checkbox"/> Quad Rugby	<input type="checkbox"/> Softball <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Track OTHER
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For Office Use Only:

Date Paid
Amount Paid
Check Number
Membership Database Updated