



**ADAPTIVE SPORTS CENTER**

# ASC 2024 CBALC Summer Registration

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Before your visit to the ASC, this form must be filled out in its entirety. This information is essential to our ability to provide a successful experience, please be thorough and accurate. Prior to your visit, please also refer to the "Participant Info" section of [www.adaptivesports.org](http://www.adaptivesports.org) for more information on what to expect during your participation with the ASC.

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Date _____		Group Name (if applicable) Western Colorado University _____	
Name of participant _____			
Name of guardian _____		Relationship _____	
Participant address _____			
City _____		State _____	Zip _____
Home phone _____		Cell phone _____	
Date of birth _____	Age _____	Sex _____	Height _____
_____		Weight _____	
Email (for confirmation) _____		_____	
Emergency Contact _____		Emergency Contact Phone _____	
Primary Physician: _____		Physician Phone: _____	

**MEDICAL INFORMATION**

Do you have any allergies? (Food, Medication, Other?) Yes  No

If yes, to what? \_\_\_\_\_

Subject to seizure? Yes  No  If yes, date of last seizure? \_\_\_\_\_

Have you had any surgeries in the past year? Yes  No

If so please explain when and what surgery.

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Currently taking any medication(s)? Yes  No

If yes, what medication(s): \_\_\_\_\_

Please describe any medical conditions/problems that may affect your participation with the Adaptive Sports Center:

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Please describe any additional concerns we should be aware of for our programming and/or in case of any emergency: