

Registration -- Sports Education Camp

Please complete this form to the best of your ability. If you have questions, please contact us at michigansec@gmail.com or 231-715-1732.

Attach a separate sheet of paper if you need more space

* Required

1. **Email** (if available) _____
2. I understand that this Registration Form may be completed by a parent, guardian, teacher, the Athlete, or other person with a relationship to the child; however, a parent or guardian must sign and submit forms located at mbaa-mi.com/SEC_Registration_Process.html. *
3. **Which Camp is the Athlete registering for? *** If you have questions regarding the appropriate camp, please contact us at michigansec@gmail.com.
 Junior (ages 9-12 at time of camp)
 Senior (ages 13-17 at time of camp)
 Unsure
4. **Did the Athlete attend Sports Camp last year? ***
 Yes -- Junior Camp
 Yes -- Senior Camp
 No -- But the Athlete has attended Sports Camp in the past
 No
 Unsure
5. **Is the Athlete a member of the USABA (US Association of Blind Athletes)? ***
If no, please become a member at usaba.org/index.php/membership/.
 Yes No Unsure

Athlete Information

6. **First & Last Name *** _____
7. **Date of Birth *** _____
8. **Gender** Male Female
9. **T-shirt Size *** (adult sizing)
 Small Medium Large X-Large XX-Large
10. **Weight *** (approx.) _____
11. **Height *** (approx.) _____

12. **Why do you want to attend Sports Camp?** Please have the Athlete answer this question in his or her own words. (Feel free to attach a separate sheet.)

13. **What sports has the Athlete played in the past year?** Please do not include band or other non-sporting activities.

Visual Impairment Information

14. **Athlete's visual acuity *** (approx.) _____
15. **Age when visual impairment was first identified** (approx.) _____
16. **Diagnosis or cause of visual impairment** _____
17. **VI Teacher's name** _____
18. **VI Teacher's phone number** _____
19. **VI Teacher's email** _____
20. **VI Teacher's location** Please include school, district, or agency if known. _____

Contact Information

21. **Home Phone Number *** _____

22. **Home Cell Number** (if different than above) _____

23. **Athlete's Address, City, State, Zip *** _____

24. **Mother or Guardian's Name *** _____

25. **Father or Guardian's Name *** _____

26. **Who does the Athlete live with? *** *Check all that apply.*

Mother Father Guardian Other: _____

27. **Secondary Address, City, State, Zip** Please include a second address of a parent or guardian if that parent or guardian does not live with the child. _____

28. **Secondary phone number** _____

Pickup Information

If this information changes, please notify us prior to pick-up.

29. **Who will pick the Athlete up?** _____

30. **What is this person's relationship to the Athlete?** _____

31. **What is this person's cell phone number?** If a cell phone is not available, then please list this person's best contact number. _____

Health Information

If you are NOT the parent or guardian and are UNABLE to answer the following medical information, please make sure the parent or guardian completes and returns the "Medical Form" at mbaa-mi.com/SEC_Registration_Process.html.

32. **Who should we contact in case of emergency?** _____

33. **What is this person's relationship to the Athlete?** _____

34. **What is the best phone number to reach this person?** _____

35. **What is the Athlete's Insurance Company?** _____
36. **Who is the Policy Holder?** The person that the insurance policy is issued to?
(Usually one of the parents.) _____
37. **What is the Policy Number?** _____
38. **What is the Group Number (if applicable)?** _____
39. **Will the Athlete take any medications while at Sports Camp?** If so, please list ALL medications the Athlete will take at Camp and list what each medication is taken for. Also note any medications that must be refrigerated.

40. **Does the Athlete need to be reminded to take medication**
 Yes No Not Applicable
41. **Does the Athlete have any other medical conditions?** If yes, please list ALL medical impairments including, but not limited to, heart defects, shunts, asthma, allergies, cognitive disabilities, deaf-blindness, etc.

42. **Does the Athlete have any allergies to food or medications?** If so, please list ALL food and medication allergies. Also, please note any precautionary measures that need to be taken.

43. **Will the Athlete need any specific assistance due to other impairments?** If so, please explain

44. **Does the Athlete have any medical limitations that will prevent him or her from fully participating in all sporting activities at camp?** If yes, please explain. Also, be prepared to get a medical clearance from your doctor indicating your child is okay to participate in all activities.

45. I consent that my child may be taken to an appropriate medical center in the event of an injury/illness.

Signature

46. **Is there any information about the Athlete that would assist us in making his or her experience better?**

47. **Who is completing this Registration? *** _____

48. **What is your relationship to the Athlete? *** _____

Signature * _____ **Date *** _____

To submit this completed Registration, either upload or send by mail:

– **Upload online at** mbaa-mi.com/SEC_Registration_Process.html or

– **Mail to:**

- Junior Camp: Sports Education Camp, 1646 E. High St., Mt. Pleasant, MI 48858
- Senior Camp: Sports Education Camp, 785 S. South Long Lake Rd., Traverse City, MI 49685