

**A**

These are your entry forms for Challenge 2008. Entry fees are \$10.00 per athlete. This will include a t-shirt, lunch and dinner, awards, and a victory dance. **Deadline for entries is May 5. After May 5, the entry fee is \$25.00.**

Coaches, families, and friends who want t-shirts may order them in advance to insure getting one in their size. There will be some for sale on site also. Advance tickets for dinner are also available. Please return the t-shirt and dinner forms with the entry forms to

**Challenge  
1306 Deer Trail  
Derby, KS 67037**

Here is the schedule for May 17, 2008

7:00 Classification – **All competitors who have not been officially classified must go through the process. Do not come late and take a chance of missing your first event**

8:00 Coach's meeting-Team coaches, and all individual athletes or their representatives should attend

8:30 Group picture of participants on the track

8:45-12:00 Track and boccia competition

12:00-1:00 Lunch--Free for athletes, \$2 for fans

1:00-4:30 Field events and slalom

4:30-6:30 Victory dinner and dance--Free to competitors, \$5.00 tickets sold to anyone else. The dance will be held at the Derby Recreation Commission, 800 E. Market.

6:00 Awards!!

Challenge 2008 is a sanctioned meet for NDSA and WSUSA. **You must be a member of one of these organizations in order to compete.** If you need a current rulebook, please contact the respective national offices.

BlazeSports NDSA  
25 West Independence Way  
Kingston, RI 02881  
phone (401) 792-7130  
FAX (401) 792-7132  
[www.ndsaonline.org](http://www.ndsaonline.org)

Wheelchair Sports, USA  
1236 Jungermann Rd Suite A  
St. Peters, MO 63376  
Phone: 636-614-6784  
FAX: 636-329-1090  
[www.wsusa.org](http://www.wsusa.org)

**Checklist of forms to send in (look for the red letter in a box at the top L hand corner of each form)**

\_\_\_\_\_ **B Challenge Release**

\_\_\_\_\_ **C, D, E, or F Events registration**

\_\_\_\_\_ **G or H NDSA or WSUSA membership**

\_\_\_\_\_ **I BlazeSports Health Form (new requirement for NDSA athletes only)**

\_\_\_\_\_ **J Optional form for additional t shirts and victory dinner**

\_\_\_\_\_ **Entry fee of \$10 before May 5, \$25 after May 5. NDSA or WSUSA membership fees needed for anyone who has not paid 2008 dues.**

We are looking forward to seeing you Challenge veterans and meeting new friends. If you have questions, call Carol Keller at (316) 788-3801. You can leave a message or send a FAX using that number or, email to [rkeller3@cox.net](mailto:rkeller3@cox.net)

## Challenge Release & Indemnity

In consideration of your permitting undersigned to participate in Challenge, conducted or sponsored by the Challenge Foundation, USD 260 Derby Public Schools, National Disability Sports Alliance, BlazeSports America, Wheelchair Sports, USA, the undersigned does hereby release the above mentioned organizations and all affiliated associated organizations, together with their respective trustees, directors, officers, and agents, of and from any and all demands of any kind or nature whatsoever, arising out of or in any way related to any participation in such programs, including any personal injury or death which I may suffer or incur as a result of participation in such programs, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants, or employees. I do further agree to indemnify and hold harmless each of them of and from any and all claims, demands, or actions of any kind or nature whatsoever arising out of any injury or damages incurred by the undersigned.

### *THIS IS A FULL RELEASE OF ALL CLAIMS AND INDEMNITY*

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18 years)

### **Permission to Photograph**

I hereby authorize Challenge to take and use photographs of me during the event for publicity purposes and/or for use in future programs and/or publicity.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Emergency Medical Authorization**

I hereby give my permission for \_\_\_\_\_ (name of adult responsible for this athlete) to authorize appropriate medical treatment in case of medical emergency.

Signature of parent or guardian \_\_\_\_\_

Emergency phone number of parent or guardian: \_\_\_\_\_

Name of insurance plan \_\_\_\_\_ Policy # \_\_\_\_\_

### **Medical Information**

Diagnosis: \_\_\_\_\_

All that apply: Seizure disorder \_\_\_\_\_ Heart Disease \_\_\_\_\_ Asthma \_\_\_\_\_ Shunt \_\_\_\_\_

Pressure sores (location) \_\_\_\_\_

Orthopedic concerns \_\_\_\_\_

Other \_\_\_\_\_

Current medication and dosage \_\_\_\_\_

Surgeries within the past year \_\_\_\_\_

Illnesses within the past year \_\_\_\_\_

Bladder management \_\_\_\_\_

Allergies (food, medications, latex, etc) \_\_\_\_\_

\_\_\_\_\_





# WSUSA JUNIOR EVENTS REGISTRATION

**Age as of January 1, 2008**  
**A = 7-9 yrs    C = 13-15 yrs**  
**B = 10-12 yrs    D = 16-18 yrs**

F = 6 & under—mark events under A group  
 E = 19-21 mark under D group if you choose to compete in junior division

**Return to: Challenge**  
**1306 Deer Trail**  
**Derby, KS 67037**

Team Name \_\_\_\_\_ Athlete Name \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been classified? \_\_\_ No \_\_\_ Yes Where & When \_\_\_\_\_ T-Shirt YL S M L XL XXL

Track Class	T51				T52				T53				T54			
Age Division	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
<b>TRACK EVENTS</b>																
60 Meter																
100 Meter																
200 Meter																
400 Meter																
800 Meter																
1500 Meter																
Slalom (NDSA Course)																

Field Class	F51				F52				F53				F54				F55				F56				F57				F58			
Age Division	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
<b>FIELD EVENTS</b>																																
Softball																																
Club																																
Shot (weights m/f)					2/2	2/2	2/2	2/2	2/2	2/2	3/3	3/3	2/2	3/2	3/3	4/3	2/2	3/2	3/3	4/3	2/2	3/3	3/3	4/3	2/2	3/3	3/3	4/4	2/2	3/3	4/3	5/4
Discus	sd	sd			sd	sd			sd	sd			sd	sd			sd	sd			sd	sd			sd	sd			sd	sd		
Javelin					t	400	600	600	t	400	600	600	t	400	600	600	t	400	600	600	t	400	600	600	t	400	600	600	t	400	600	600
Boccia*																																

sd = sponge discus    t = 300 gm turbo javelin    \* If you enter boccia, you may not compete in track events, as both will take place in the morning.





# ADULT EVENTS REGISTRATION

Return to: Challenge  
1306 Deer Trail  
Derby, KS 67037

Team Name \_\_\_\_\_ Athlete Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex \_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Have you ever been classified? \_\_\_Yes \_\_\_No Classification \_\_\_\_\_ T-Shirt YL S M L XL XXL

<b>NDSA</b>	T31	T32U	T32L	T33	T34	T35a	T35b	T36	T37	T38
60 Meter Weave										
100 Meter										
200 Meter										
400 Meter										
800 Meter										
1500 Meter										
<b>FIELD CLASS</b>	F31	F32U	F32L	F33	F34	F35a	F35b	F36	F37	F38
Distance Throw										
Spongedisc Throw										
Precision Throw										
Height Throw										
Distance Kick										
Club										
Shot (weight M\F)		2\2		3\3	4\3	4\3	4\3	3\3	5\3	5\3
Discus										
Javelin(weight M\F)				600\600	600\600	600\600	600\600	600\600	600\600	800\600
Long Jump										
Slalom										
Boccia no assist dev.										
Boccia w/assist. dev.										
<b>WSUSA</b>	T51	T52	T53	T54						
100 Meter										
200 Meter										
400 Meter										
800 Meter										
1500 Meter										
<b>FIELD CLASS</b>	F51	F52	F53	F54	F55	F56	F57	F58		
Club										
Shot (weight M\F)		2\2	3\3	4\3	4\3	4\3	4\3	5\4		
Discus										
Javelin		600	600	600	600	600	600	600		
<b>AMPUTEE</b>	T40	T42	T44	T46						
100 Meter										
200 Meter										
400 Meter										
800 Meter										
1500 Meter										
Shot	4\3	6\4	6\4	7.25\4						
Discus	1\1.75	1.5\1	1.5\1	2\1						
Javelin(weight M\F)	600\400	800\600	800\600	800\600						
Long Jump										



# NATIONAL DISABILITY SPORT ALLIANCE Membership Application

## PART ONE: Member Information

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

Home Address: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Gender:  Male  Female

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ FAX Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### PART TWO: Type of Membership

All memberships are for a one year period that begins on the date of receipt of your membership application.

- New Membership  Membership Renewal - list current Membership # \_\_\_\_\_

#### Membership Fees:

- Regular Member - \$25  First Time Athlete Member – **Free - \$10 handling fee**

Membership at a higher level helps BlazeSports America to provide all athletes with a disability with the opportunity to participate, to train and to be competitive at all levels, both nationally and internationally.

- Circle of Friends - \$50  
 Bronze Medal Club - \$100  
 Silver Medal Club - \$250  
 Gold Medal Club - \$500

**Please make your check payable to BlazeSports and mail with this completed form to:**  
**BlazeSports America Northeast Regional Office**  
**25 West Independence Way**  
**Kingston, RI 02881**

CONTINUED ON G - 2

**PART THREE: Other Information**

Please check all categories that apply to you:

<input type="checkbox"/> Athlete	<input type="checkbox"/> Spec. Ed. Teacher	<input type="checkbox"/> Event Organizer
<input type="checkbox"/> Coach	<input type="checkbox"/> PT	<input type="checkbox"/> Official
<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> OT	<input type="checkbox"/> Administrator
<input type="checkbox"/> Parent of Athlete	<input type="checkbox"/> CTRS	<input type="checkbox"/> Other (please list):
<input type="checkbox"/> Phys. Ed. Teacher	<input type="checkbox"/> Physician	_____

Please check all sports in which you compete, coach or organize:

<input type="checkbox"/> Power Soccer	<input type="checkbox"/> Equestrian – Dressage	<input type="checkbox"/> Soccer
<input type="checkbox"/> Basketball	<input type="checkbox"/> Track	<input type="checkbox"/> Indoor Wheelchair Soccer
<input type="checkbox"/> Boccia	<input type="checkbox"/> Field	<input type="checkbox"/> Powerlifting
<input type="checkbox"/> Bowling	<input type="checkbox"/> Swimming	
<input type="checkbox"/> Cycling		

**ATHLETES** – Please list your classification (Official classifications must be approved by an NDSA Classification Team)

\_\_\_TRACK \_\_\_FIELD \_\_\_SWIMMING \_\_\_EQUESTRIAN \_\_\_INDOOR WHEELCHAIR SOCCER

Please list your **DIAGNOSED** disability: \_\_\_\_\_

**IF YOU PLAN TO PARTICIPATE IN BLAZESPORTS’ NDSA SPONSORED OR SANCTIONED EVENTS, Please complete PART FOUR.**

**PART FOUR: Liability/Media Release Form**

This form must be read and signed before a member is allowed to take part in any BlazeSports America sanctioned training, competition or meeting. **By signing this form, the member affirms having read it.**

I, the undersigned parent and/or legal guardian/conservator of the member named, or member if 18 years of age or older (hereinafter referred to as the "Member"), in consideration of and through my involvement in the sports and activities of BlazeSports America, Inc. (hereinafter referred to as BSA), acknowledge, appreciate and accept that:

1. The risk of injury from the activities involved in membership participation in this program is significant, including the potential for permanent paralysis, dismemberment and death, and while rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; as well as loss or damage to property;
2. The Member knowingly and freely assumes all such risks and assumes full responsibility for participation, and
3. For the Member and on behalf of his/her heirs, assigns, and next of kin, hereby release, hold harmless and promise not to sue BSA, their officers, officials, agents and/or employees, with respect to any and all such injury, paralysis, dismemberment, death and/or loss or damage to property (except in which it is a result of gross negligence and/or willful and wanton misconduct).

In addition, I understand that the Member's photograph, voice or likeness may be used by BSA or its licensees. I am specifically granting permission to use the likeness, voice, and words of the Member in television, radio, films, newspapers, magazines and other media; and in communicating the purposes and activities of BSA and in appealing for funds in support of such activities BSA may engage in, without compensations of any kind to the Member.

**I have read this release of liability and assumption of risk agreement and Media release, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.**

\_\_\_\_\_  
*Signature of Member or Conservator or signature of Parent or Guardian*  
*if Member is under 18 years of age, signature of witness if Competitor signs with a "mark".*

\_\_\_\_\_  
*Date*

*Rev 1/08*



Year: \_\_\_\_\_



# Membership Application Form

Calendar Year Membership (Jan-Dec)

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

E-mail: *(Required to Receive E-Letter and Official WSUSA Notices)* \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_

\* Regional Sports Organization (RSO) membership will be based on your state residence.

<u>Membership Status (check appropriate box)</u>	<u>Fee Total</u>
<input type="checkbox"/> Athlete.....	\$35.00 _____
<input type="checkbox"/> Coach.....	\$35.00 _____
<input type="checkbox"/> Patron/Official .....	\$35.00 _____
<input type="checkbox"/> Club Membership.....	\$200.00 _____
<input type="checkbox"/> Complete Rulebook.....	\$10.00 _____
<input type="checkbox"/> Binder for Rulebook.....	\$20.00 _____
<input type="checkbox"/> WSUSA Donation .....	_____ _____
<u>Total Enclosed</u>	_____

Sport(s) of Competition [check appropriate box(es)]

- |  |                                       |  |                                      |                                       |
|--|---------------------------------------|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Archery       | <input type="checkbox"/> Basketball   | <input type="checkbox"/> Billiards     | <input type="checkbox"/> Fencing     | <input type="checkbox"/> Handcycling  |
| <input type="checkbox"/> Quad Rugby    | <input type="checkbox"/> Racquetball  | <input type="checkbox"/> Shooting      | <input type="checkbox"/> Swimming    | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Water Skiing | <input type="checkbox"/> Weightlifting | <input type="checkbox"/> Other _____ |                                       |

**Liability Release** (Must be signed by participant or if under 18, parent or legal guardian.)

The undersigned agrees to indemnify and hold WSUSA harmless, and release WSUSA from any and all liability for any injury which may be suffered by the above named individual(s) in any WSUSA events arising out of or in any way connected with participation in WSUSA events except as arises out of the sole willful act or sole active negligence of WSUSA, its officers, agents or employees. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.

I understand that WSUSA may photograph or videotape the events or activities in which I am (or my child is) participating. I give my permission for WSUSA to use photographs or videotape of me (or my child) for the purpose of promoting WSUSA and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send Membership Application with payment to:  
1236 Jungermann Rd Suite A  
St. Peters, MO 63376

Phone: 636-614-6784 • Fax: 636-329-1090 • E-mail: [WSUSA@aol.com](mailto:WSUSA@aol.com) • [www.wsusa.org](http://www.wsusa.org)



**BlazeSports America  
Athlete Pre Participation Health Form**

**This form required for  
all NDSA participants.**

Date: \_\_\_\_\_ Blaze ID#: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Gender:  Female  Male  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Team Affiliation: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact:  
Name & Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Primary Disability:  Cerebral Palsy  Traumatic Brain Injury  Stroke  Other: \_\_\_\_\_  
Cause:  Congenital (Present at Birth)  Acquired

If acquired, please complete the following:  
Date of Onset: \_\_\_\_\_  
 Encephalitis/Meningitis/Infection  Gun Shot  Drug/Poisoning  Near Drowning  
 Motor Vehicle Accident  Other: \_\_\_\_\_

Disability Related Problems: (Check all that apply)  
 Hearing Impairment  Learning Disability  Perceptual Motor Problems  
 Visual Impairment  Speech & Language Involvement

List All Past Surgeries (Procedure & Date): \_\_\_\_\_

List Any Significant Injuries With Date of Occurrence: \_\_\_\_\_

Medications You Are Currently Taking (Prescription & Over The Counter): \_\_\_\_\_

Medical History:  
Date of Last Tetanus Shot: \_\_\_\_\_  
High Blood Pressure  No  Yes      Heart Disease  No  Yes  
Asthma/Lung Disease  No  Yes      Bladder Problems  No  Yes  
Seizures  No  Yes

Type: \_\_\_\_\_  
# in past 12 months/Date of last seizure: \_\_\_\_\_

Diabetes  No  Yes---If yes, are you insulin dependent? \_\_\_\_\_

Allergies  No  Yes Explain: \_\_\_\_\_

Above Conditions Affecting Sports Participation  No  Yes Explain: \_\_\_\_\_  
Other  No  Yes Explain: \_\_\_\_\_

Blaze Sports Classification:  Track  Field  Swimming  Indoor W/C Soccer  
For the purpose of competitive participation in the following sports: (check all that apply):  
 Archery  Basketball  Boccia  Bowling  Cross Country  Cycling  Equestrian  Field  
 Powerlifting  Slalom  Soccer  Swimming  Table Tennis  Target Shooting  Indoor W/C Soccer  
 Track

Permission is given to Blaze, its representatives, a representative of the local team, or competition organizing committee to seek medical care in case of an emergency for the above named person.

Signature of participant or Parent/Guardian if person under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_

**BlazeSports America**  
**Athlete Pre Participation Health Form Continued**

**TO BE COMPLETED BY A LICENSED PHYSICIAN**

Athlete's Name: \_\_\_\_\_

Diagnosis: (List All) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Gender \_\_\_\_\_

Physical Exam:

	Normal	Abnormal	Explanation of Abnormality
Head/Neck	_____	_____	_____
Eyes/Vision	_____	_____	_____
Ears/Hearing	_____	_____	_____
Heart/Lungs	_____	_____	_____
G.U.	_____	_____	_____
C.N.S.	_____	_____	_____
Skin	_____	_____	_____

Orthopedic Exam:

ROM Loss/Contractures \_\_\_\_\_

Joints Laxity/Instability \_\_\_\_\_

Other \_\_\_\_\_

Significant "**Abnormal Tests**": EKG/X-Ray \_\_\_\_\_

Approval For Participation: \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments/Restrictions: \_\_\_\_\_

Referral for further evaluations: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

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



CHALLENGE 2008  
ADDITIONAL T-SHIRTS AND DINNERS

Coaches, families, and friends who want T-shirts may purchase them in advance at a cost of \$10.00 to insure getting the size they want. Tickets for the victory dinner to be held at the Derby Recreation Commission, 800 E. Market, will also be available in advance at a cost of \$5.00 per person. Please mark this form and return it with your entry forms and a check. You may pick up your additional shirts and dinner tickets at the registration booth along with your competition packets after 7:00 A.M. on competition day.

Name \_\_\_\_\_

A shirt for each athlete is included in the entry fee. Please mark the size you want on the entry form. This form is for additional shirts for family and friends.

Number of additional shirts \_\_\_\_\_ at \$10.00/shirt = \_\_\_\_\_

Sizes wanted: YL, S, M, L, XL, XXL are available this year. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Athletes get free admission into the dinner. Use this form to order additional tickets for family and friends. Pizza and soft drinks will be served at the dinner.

Number of additional dinner tickets \_\_\_\_\_ at \$5.00/person = \_\_\_\_\_