

New England Disabled Sports Archery Essential Eligibility 2019



Please read and sign that you understand and meet these program requirements:

- The participant has a permanent, disabling condition.
- Are able to actively participate in a lesson and understand that they are engaging in the specific sport lesson/clinic.
- Will have a parent and/or guardian who can provide supervision during non-lessons times, if necessary.
- Will have a parent and/or guardian who can provide supervision, if needed, to use bathroom facilities during scheduled lesson times.
- Will have a parent/guardian available to administer all necessary medications that are scheduled to be taken during lesson times.
- If medication needs to be administered in the event of a seizure a parent/guardian or trained caretaker must accompany the individuals on the lesson.
- Will be able to breathe independently, without any assistance from medical devices and/or trained professionals.
- Is able to participate in the lesson without the use of oxygen.
- Will be able to follow directions independently or with the assistance of a caregiver.
- Is able to wear properly fitting, industry standard, safety equipment
- Personal equipment must be in good working order and approved by a New England Disabled Sports Staff member.
- Personal equipment must be appropriate for the New England Disabled Sports range.

Based on the unique nature of each participant, New England Disabled Sports and its' host sites may adopt appropriate policies and procedures in order to allow participation.

The nature of the environment that our programs are held in is remote. Individuals and families must be comfortable with being out of direct contact with medical personnel while engaging in lessons.

Any recommendations for equipment needs or wants will be considered based on the participants' disability and safety. In the interest of safety, New England Disabled Sports staff reserves the right to make the decision on the appropriate equipment for each participant.

ACKNOWLEDGEMENT

I certify that the information provided in this form is true and correct to the best of my knowledge.

Printed Name:

Date:

Signature:

If the participant is under 18 or legally incapacitated, this section must also be completed:

Parent/ Legal Guardian Printed Name:

Date:

Parent/Legal Guardian Signature:

Relationship:

Please return this original signed form to info@nedisabledsports.org, fax: 603-728-1771 or
by mail: New England Disabled Sports PO Box 26 Lincoln N.H. 03251