

2010 Deaf Youth Sports Festival

P.O. Box 17565 Louisville, KY 40217-0565

EMAIL: TeamMDO@aol.com

www.teammdo.org

28th Annual

PARTICIPANT APPLICATION

PLEASE PRINT ALL THE INFORMATION

Participant Name _____ <i>(how you want your name to be on the name tag)</i>	
Address _____	
City _____	State _____ Zip _____
Home Phone () _____	EMAIL: _____
Video Phone () _____	
Male _____	Female _____ Birthdate _____ Height _____ Weight _____
Shirt Size(circle one): CHILD SIZE: Small Med Large ADULT SIZE: Small Med Large XL (This is the size your child will get at the festival.)	
How many years have you attended the Deaf Youth Sports Festival? _____	
Communication Method: (circle as many as apply)	
American Sign Language Cued Speech Oral Total Communication Other _____	

<p align="center"><u>School Information</u> (We must have all School Information)</p> <p align="center">School Name (as of May 2010)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p align="center">City/State of School</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">Grade</td> <td style="text-align: center;">Mascot</td> </tr> </table> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p align="center">School Colors</p>	Grade	Mascot	<p align="center"><i>Please enclose a recent photo of participant</i></p> <hr/> <p>Checklist</p> <p>_____ Here is my check for \$ _____</p> <p>_____ I have completed all the necessary medical information</p> <p>_____ I have signed all of the ** section.</p> <p>_____ I have included all the contact information.</p> <p>_____ I have completed Health Insurance Information</p> <p>_____ Please send me more information on:</p> <p>_____ Fundraising</p> <p>_____ Volunteering</p> <p>_____ Other _____</p>
Grade	Mascot		
<p>* RESPONSIBLE PARTY INFORMATION *</p>			

Parent/Guardian Name _____

Home Phone Number () _____ EMAIL: _____

Video Phone Number () _____ PAGER: _____

Place of Work (mother) _____ (father) _____

*****In case of an EMERGENCY where the parent(s) cannot be reached, we MUST have an alternate name and number. (WE MUST BE ABLE TO REACH THIS PERSON DURING THE FESTIVAL!)**

Name _____ Relationship _____ Phone() _____

* HEALTH INSURANCE INFORMATION *

Parent/Guardian Name _____ Home Phone _____

Physician's Name _____ Phone Number _____

Physician's Address _____ City _____ State _____ Zip _____

Insurance Company _____ Policy Number _____

* MEDICATIONS *

Will participant be taking any medications during Deaf Youth Sports Festival? Yes ___ No ___

If yes, please include the names of the medication(s), doctor's name and other information.

(PLEASE WRITE EXACTLY WHAT IS ON LABEL)

****ALL PRESCRIPTIONS BEING TAKEN DURING DEAF YOUTH SPORTS FESTIVAL MUST BE IN ORIGINAL CONTAINERS WITH THE ORIGINAL LABELS. ALL PRESCRIPTION MEDICINES WILL BE GIVEN AS DIRECTED ON THE ORIGINAL LABELS/ CONTAINERS.**

*****NO EXCEPTIONS!!!!*****

Allergies? Yes ___ No ___ If yes, please explain(food, medical, insects, plants etc.)**BE SPECIFIC!**

Date of last tetanus shot _____ Are immunization records and shots up-to-date? Yes ___ No ___

* MEDICAL INFORMATION *

Does participant have any of the following: (mark as many as apply)

- 1) physical limitations? YES NO If yes, please specify _____
- 2) sports limitations? YES NO If yes, please specify _____
- 3) special diet or food restrictions? YES NO If yes, please specify _____
- 4) tubes in ears? YES NO
- 5) hearing aid? YES NO
- 6) cochlear implant? YES NO
- 7) heart-related procedure/surgery? YES NO If yes, please explain _____
- 8) other medical conditions and/or surgical procedure? YES NO If yes, please explain below

* SOCIAL NEEDS *

Does your child have any special social, behavioral or emotional needs? YES NO If yes, please describe the need and the type of support program your child is receiving. (Behavior modification with tokens, timeout, etc.)

* OTHER NEEDS *

To provide your child with a more enjoyable experience, is there any other information of which we should be aware? (overly shy, aggressive, short temper, bedwetter, etc) YES NO If yes, please explain below

* AUTHORIZATION *

****Deaf Youth Sports Festival** is committed to providing a safe, enjoyable and successful experience for each of our participants. To allow us to achieve this goal, we must have advanced knowledge of any special needs your child may have. This information will be treated confidentially and used only to make the necessary preparations. We will not use this information as a basis for rejecting this application. I understand that if **Deaf Youth Sports Festival** is unable to appropriately provide for my child BECAUSE I HAVE NOT PROVIDED THE NECESSARY INFORMATION, my son/daughter may be sent home AT MY EXPENSE.

***Parent Signature _____ Date _____

I also give permission for Over the Counter medication (such as Tylenol, Benedryl, etc) to be administered to my child. I have informed **Deaf Youth Sports Festival** of any and ALL allergies or reactions.

***Parent Signature _____ Date _____

I agree that the Deaf Youth Sports Festival, University of Louisville and all its facilities are to be released from liability in connection with medical treatment and unavoidable accidents. The Deaf Youth Sports Festival also has my permission to use emergency medical measures in event of an emergency. I also give permission for my child to leave the grounds and its facilities with authorized staff for outings and trips. I also agree that the organizations named above have my permission to use the pictures, names, and other art forms depicting myself and my child in future publications and promotions.

***Parent Signature _____ Date _____

* MDO PARTICIPANT FEE *

Early Bird I by April 31, 2010	\$275	(You save \$225)
Early Bird II by May 15, 2010	\$350	(You save \$150)
Early Bird III by June 1, 2010	\$425	(You save \$75)
After June 1, 2010	**\$500**	Pay the Actual Cost

Payment Plan can be arranged. Deposit must accompany the application.

* REFUND POLICY *

Funds are prepaid to respective agencies for housing and food services, The following refund policy applies. Fee is refundable upon written request; however a process fee may be retained.

Cancel before May 1, 2010- Entire fee will be refunded

Cancel before May 15, 2010 – Entire fee minus \$100 will be refunded

Cancel before June 15, 2010 – Entire fee minus \$150 will be refunded

Cancel after June 16, 2010- No Refund

**By signing below, I understand the Refund Policy.

***Parent Signature _____ Date _____

* FINANCIAL ASSISTANCE/SCHOLARSHIP *

*****MDO may be able to assist you with the participant fee, however, the request must be made in writing by March 31, 2010. However, there is no guarantee MDO can give financial assistance. Financial Assistance is given to those who qualify. The earlier your request is made, the better your child's chance of receiving financial assistance.**