



Wheelchair Sports

Sponsored by Las Floristas

Lisa Hilborn, M.A., C.A.P.E.

Rancho Los Amigos National Rehabilitation Center Wheelchair Sports Dept.
7601 E. Imperial Hwy. Downey, CA 90242
Tel: (562) 401-8165



RANCHO WHEELCHAIR SPORTS PROGRAM WAIVER

Name _____ Phone _____

Address _____ City _____ ZIP _____

Parent Cell _____ Athlete Cell _____ Current Age: _____

Email _____ Date of Birth ____/____/____

Emergency Contact _____ Relationship _____

Phone _____ Health Insurance or Medical (Circle One)

Company and Policy # _____

School/College Attending _____ Major _____

Currently Employed Yes No Where _____ Position _____

Disability _____ Level _____ Classification _____

Cause:

_____ Congenital (Present at Birth)

(Specify) _____

or

_____ Acquired (If acquired, please complete the following):

_____ Spinal Cord Injury (Complete or Incomplete) Cause: _____

_____ Amputation, Cause _____

_____ Head Injury, Cause _____

_____ Other (Specify Disability and Cause) _____

MEDICAL HISTORY

List all Surgeries (Procedure and Date) _____

Current Medications _____

Date of Last Tetanus Shot _____ Allergies & Reactions _____

Seizures No Yes Type _____ # in past Year _____ Most Recent Date _____

Brief Description of Typical Seizure _____

Asthma No Yes Medication _____

Diabetes No Yes

Heart Related Problems No Yes

Do you have Rods or Pins No Yes

Is there any reason you can not participate in contact sports? No Yes

Have you ever past out during or after exercise? No Yes

Have you ever been dizzy during or after exercise? No Yes

Have you ever had chest pain during or after exercise? No Yes

Do you tire more quickly than your friends during exercise? No

Yes

Have you ever had high blood pressure? No Yes

Have you ever been told that you have a heart murmur? No Yes

Have you ever had racing of your heart or skipped heartbeats? No Yes

Has anyone in your family died of heart problems or sudden death before 50? No Yes

Have you ever had a pressure sore? No Yes

Do you currently have a pressure sore?	No	Yes
Have you ever had a head injury?	No	Yes
Have you ever been knocked out or unconscious?	No	Yes
Have you ever had a stinger, burner, or pinched nerve?	No	Yes
Have you ever had heat or muscle cramps?	No	Yes
Have you ever been dizzy or passed out in the heat?	No	Yes
Do you have trouble breathing or do you cough during or after activity?	No	Yes
Have you ever had any problems with your eyes or vision?	No	Yes
Have you sprained? Strained, dislocated, fractured or broken or had repeated swelling or other injuries of any bones or joints?		
<input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest		
<input type="checkbox"/> Forearm <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hip <input type="checkbox"/> Hand <input type="checkbox"/> Foot		
Have you had any other medical problems (infectious mononucleosis, diabetes, ect.)?		
No	Yes	

Have you had a medical problem or injury since your last evaluation? No Yes

Note: The athlete and both parents or legal guardians (if living) must sign this form before any athlete may participate in wheelchair sports or games. If one parent or guardian is deceased, please indicate so on the appropriate line.

Wheelchair sports are exciting but they often involve forceful contact with the ground or other players. Wheelchair sports are also frequently played during hot seasons. Because of these conditions inherent to wheelchair sports, participation exposes an athlete to many risks of injury. Those injuries include, but are not limited to, death; paralysis due to serious neck or back injuries; brain damage; damage to internal organs; serious injuries to the bones, ligaments, joints, and tendons; and general deterioration of health. Such injuries can result not only in temporary loss of function, but also in serious impairment of future physical, psychological, and social abilities, including the ability to earn a living.

In an effort to make wheelchair sports as safe as they can be, the coaching staff will instruct players concerning the rules and the correct mechanics of the skills. It is vital that athletes follow the coach's skill instruction, training rules, and team policies to decrease the possibility of serious injury.

We have read the information above concerning the risks of wheelchair sports. We understand and assume all risks associated with trying out, practicing, or playing wheelchair sports.

In signing this form, we assume the inherent risks of wheelchair sports and waive future legal action by our heirs, estate, executor, administrator, assignees, family members, and ourselves.

In addition, I release Rancho Los Amigos Medical Center, Las Floristas Inc., Lisa Hilborn, Rick Tirambulo, Lisa Hunt, Diego Rodriguez and Ray Cervantes from any liability should I be injured or suffer any undesirable consequences from participation in the Rancho Wheelchair Sports Program, or as a result of transportation to and/or from various events. I further give permission to Lisa Hilborn, Rick Tirambulo, Lisa Hunt, Diego Rodriguez and Ray Cervantes to seek medical care in case of serious injury or circumstance. In addition, I agree to allow any photographs or video tape taken of me to be used for promotional and/or educational purposes.

I also understand that the use of drugs and alcohol pose a serious threat to my personal well-being and taint the public perception of this program. While attending any Rancho event or at any practice/game/event location, I will refrain from the use of drugs, alcohol, and the use of disrespectful profane language. At all times, I will conduct myself in a manner that proudly represents, Rancho Los Amigos National Rehabilitation

Center, our sponsors and myself. In the interest of maintaining a high standard of conduct for Rancho's athletes, I understand that there will be serious ramifications for the aforementioned infractions.

Date _____

Signature of athlete _____

Signature of Mother (or legal guardian) _____

Signature of Father (or legal guardian) _____