



2015 *Recreational* Membership Application Form
(membership valid for one meet only)

Name: _____
 E-Mail: **(required)** _____
 Address: _____ Date of Birth: _____ Gender (M/F): _____
 City: _____ State: _____ Zip Code: _____
 Phone (Home): _____ Phone: (Cell): _____ Phone (Work): _____
 Name of Meet: _____

Please select ***only*** the sports you will compete in at the above-named meet.

- Archery
 Fencing
 Shooting
 Swimming
 Table Tennis
 Track & Field
 Powerlifting
 Handcycling
 Other _____

A. Recreational Membership Fee:	\$10.00
B. Donation to WASUSA	\$ _____
C. TOTAL Amount Enclosed	\$ _____

As a member of Wheelchair and Ambulatory Sports USA, you are also a member of the Regional Sports Organization and associated National Governing Bodies (NGB) and Sport Technical Committees (STC) for the sport(s) in which you compete. Your contact information is shared with these organizations based on your locale and sport choices. WASUSA, its NGBs, STCs and RSOs will not share this information without your permission. If you do not want your information shared with RSOs, NGBs or STCs, please notify us in writing at the time your application is submitted

Liability Release *Must be signed by participant, or if under 18 years of age, parent or legal guardian*
 The undersigned agrees to indemnify and hold WASUSA harmless, and release WASUSA from any and all liability for any injury which may be suffered by the above named individual(s) in any WASUSA events except as arises out of the sole willful act or sole act of negligence of WASUSA, its agent, officers or employees. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.
 I understand that WASUSA may photograph or videotape the events or activities in which I am (or my child is) participating. I give my permission for WASUSA to use photographs or videotape of me (or my child) for the purpose of promoting WASUSA 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: _____

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MULTI-SPORT ORGANIZATION