



2019 MEMBERSHIP AGREEMENT

Sportable is dedicated to improving the lives of children and adults with physical disabilities and visual impairments.

Personal Information

Date: _____

First Name: _____ MI: _____ Last Name: _____ Date of Birth: _____

___ Employer: _____ School: _____

___ Unemployed Are you a Veteran? Yes ___ No ___ If yes, which branch: _____

MEMBERSHIP TYPE

MEMBERSHIP PAYMENT OPTIONS

___ Amateur (\$180 Annually/\$15 per Month)
Athlete may register for up to 3 sports programs of choice per calendar year

___ Check
Athlete must pay in full for one year

___ Pro (\$300 Annually/\$25 per Month)
Athlete may register for unlimited sports programs of choice per calendar year

___ Credit Card (PayPal)
Athlete can pay in full or in monthly increments using PayPal. Athlete is responsible for setting up an account on PayPal and making Sportable a recurring monthly charge that corresponds to the athlete's membership level. Athlete is responsible for all associated PayPal fees.

___ Team (\$500 per Team)
Up to 10 athletes may register for up to 3 sports per calendar year

MEMBERSHIP TERMS _____ (initial)

A. DURATION OF MEMBERSHIP: Sportable membership is continuous for a minimum of one year and not transferable or refundable after 30 days (see 'Member's Right To Cancel' section below).

B. MEMBER'S RIGHT TO CANCEL: To cancel this membership, written notice of your intention to cancel must be delivered or mailed prior to the first of the month and you must bring your account balance to zero. Members agree to pay charges for goods, services and monthly dues, whether the facilities are used or not, until termination of membership. To cancel, a written notice must be delivered or mailed before midnight on the 30th day after your sign this contract (a re-enrollment fee of \$100 will be required). Please mail cancellation notice to:

Sportable
1365 Overbrook Rd., Suite 2
Richmond, VA 23220

C. CANCELLATION OF MEMBERSHIP BY Sportable: Sportable reserves the right to immediately terminate the membership of any member engaging in conduct in violation of this contract or the rules and regulations of Sportable.

D. MEDICAL CONDITIONS: If you are unable to participate in programs for an extended period of time due to a medical condition, your membership may be placed in an inactive status after receipt of written documentation from your physician. There will be no re-enrollment fee to reactivate your membership.

E. CONTINUOUS MEMBERSHIP: A re-enrollment fee of \$100 must be paid to rejoin if membership is allowed to expire or if membership is cancelled. All necessary paper work will have to be resubmitted prior to re-enrolling.

PAST DUE ACCOUNTS / FEES _____ (initial)

Membership must remain current to avoid cancellation and loss of privileges to the programming. A statement will be sent at thirty (30) days for outstanding fees. After sixty (60) days, memberships will be temporarily suspended until all fees are paid in full. After ninety (90) days, memberships will be cancelled. To rejoin at a later date, all past due fees must be paid as well as a \$25 re-registration fee. (Note: Re-enrollment fee)

PROGRAM EVALUATION/RESEARCH _____ (initial)

I hereby consent and authorize the use of information I provide in program evaluations and research. I understand that Sportable uses my evaluation responses to seek grant funding; which helps to fund the programs in which I participate. I understand that my personal information will be kept confidential and, in no way, will my identity be revealed, unless I include my personal information in my evaluation responses.

RELEASE AND INDEMNITY _____ (initial)

I hereby release, discharge, and covenant not to sue Sportable, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account cause or alleged to be in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

MEMBERSHIP AGREEMENT _____ (initial)

Below are the signatures of all persons applying for memberships who are at least 18 years of age, and signatures of guardians for all persons applying for membership who are less than 18 years of age. I have read and agree with the terms of this contract. I will follow Sportable's Athlete Handbook, which outlines expectations and policies related to my membership and participation in Sportable events and programs.

Print Member Name

Date

Member Signatures (all members 18 years of age or over)

Date

Parent/Guardian Signature (if member 18 years old)

Date

INTERNAL USE (Only)

Date _____ Sportable Rep _____ Date of Enrollment (M/D/Y) _____

Membership valid from _____ to _____ at an annual fee of \$_____.



**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AND PARENTAL CONSENT AGREEMENT**

IN CONSIDERATION of being permitted to participate in any way in the **SPORTABLE** activity ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of **SPORTABLE** Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND THAT: (a) **SPORTABLE** ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES TO MY WHEELCHAIR OR OTHER PERSONAL EQUIPMENT or any other damages I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE **SPORTABLE**, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

4 Media/Photo Release: I hereby authorize and give my full consent to **SPORTABLE** to copyright and/or publish any and all photographs, videotapes and/or film in which I and/or the minor participants appear while attending this **SPORTBALE** activity. I further agree that **SPORTABLE** may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations. **Please check the box below if you do not wish to give media consent to SPORTABLE.**

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

I do NOT wish to give media consent as described in number 4 above.

I do NOT wish for Sportable to contact me by mail.

I do NOT wish for Sportable to contact me by email.

Printed Name of Participant: _____ Date of Birth: _____

Are you a Veteran? Y N (check one) Email: _____

Disability (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone #: _____

Emergency Contact: Name _____ Phone #: _____ Relation: _____

Participant's Signature (if 18 & over): _____ Date: _____

Parent/Guardian Signature (participants under 18): _____

1365 Overbrook Road, Suite 2

Richmond, VA 23220, (804) 340-2991, info@sportable.org

Updated January 2019



Athlete Information

Name: _____
Address: _____
City/State/Zip: _____
Cell Phone: _____
Email: _____

Emergency Contact Information

Name: _____
Relationship: _____
Cell Phone: _____

Health History

Gender: M F Birthdate: ___/___/___ Age: ___ Height: ___'___" Weight: ___ lbs
Primary Disability: _____ Year of Diagnosis: _____
Secondary Disability: _____ History of Seizures: ___ Y ___ N
Seizure Type: ___ Petite Mal ___ Grand Mal ___ Other: _____ Seizure in the past 24 mos: ___ Y ___ N
List indicators for the seizures and how often they occur: _____
Allergies: _____
Medications: _____
Spinal Cord Injury: ___ C1-C8 ___ T1-T6 ___ T7-T12 ___ L1-L5 ___ S1-S5 ___ Complete ___ Incomplete
Mobility (mark all that apply): ___ Walks Independently ___ Walks w/ Assistive Device-Type: _____
___ Manual w/c ___ Power w/c ___ Prosthetic or Orthotic-Type: _____
Transfer Ability: ___ Transfers Independently ___ Transfers Self w/ Assistance ___ No Ability to Transfer Self
Can Bear Weight w/ Assistance Cannot Bear Weight

Secondary and Other Conditions

___ Easily Fatigued ___ Back Pain ___ Partial Hearing Impairment ___ High Blood Pressure
___ Autonomic Dysreflexia ___ Hemispacial Neglect ___ Partial Vision Impairment ___ Anxiety
___ Temp. Reg. Difficulties ___ Sensitivity to Noise ___ Shunt ___ Heart Problem
___ Hemiparesis ___ Sensitivity to Light ___ Aphasia ___ Ataxia
___ Arthritis ___ Diabetes ___ Asthma or Other Respiratory ___ Fibromyalgia

Check any of the following which relate to or are impacted by your disability

___ Ability to Self-Control ___ Speech Intelligibility ___ Range of Motion ___ Balance
___ Decision Making ___ Spatial Orientation ___ General Strength ___ Endurance
___ Concentration ___ Learning Ability ___ Muscle Tone ___ Gross Motor
___ Memory ___ Following Directions ___ Upper Body Strength ___ Fine Motor
___ Frustration Tolerance ___ Switching Attention ___ Lower Body Strength ___ Torso Control

What is your form of communication? ___ Verbal ___ Nonverbal ___ Sign Language ___ Other: _____

Health Status

Any recent surgeries: ___ Y ___ N If so, when? _____
Is there any other information we need to know about your health status?

Recreation Info

How many days per week are you currently active? ___ 0 Days ___ 1-2 Days ___ 3 Days ___ 4-5 Days ___ 6-7 Days
Do you participate in activities or sports outside of Sportable: ___ Y ___ N
If so, what? _____
Do you own your own adaptive sports equipment: ___ Y ___ N If so, what? _____
What is your learning style: ___ Visual ___ Auditory ___ Kinesthetic ___ Reading ___ Other: _____



Athlete Code of Conduct

Purpose

The purpose of this policy is to establish guidelines that help assure that Sportable programs provide an environment that allows athletes to function at their maximum potential while representing the organization with the highest standards of personal integrity, truthfulness, honesty, and fortitude. Sportable, at its sole discretion, makes the final determination on whether an individual is eligible to become a Sportable member.

Athletes understand that participation in any Sportable program or event is a privilege, not a right. Anything that is deemed inappropriate, derogatory, or disrespectful could be grounds for exclusion of future involvement with our program or future activities.

Code of Conduct

1. All athletes will respect themselves, coaches, opponents, teammates, officials, and spectators at all times. Acting or saying anything that could be deemed disrespectful toward any participant will not be tolerated.
2. Athletes are expected to strive for excellence in all aspects of their athletic careers including athletic performance and personal management.
3. All athletes shall maintain high standards of moral and ethical conduct, which includes self-control, responsible behavior, and consideration for physical and emotional well-being of themselves and other members, as well as courtesy and good manners. Athletes shall conduct themselves in a sportsmanlike manner consistent with the spirit of fair play and responsible conduct at all times and all places.
4. All athletes shall comply with all organizational team rules, and policies regarding participation and eligibility.
5. Athletes shall not use illegal substances, performance-enhancing supplements, and recreational drugs.
6. Athletes are expected to attend all practices, team meetings, and competitions or communicate in advance with coaches and program managers when a conflict occurs.
7. All athletes shall report to appropriate Sportable staff or coach any injury or aggravating condition that occurs as a result of a Sportable activity.
8. All athletes shall report any problems or concerns with another participant, coach, or volunteer to program staff.
9. All participants will respect members of their team, other teams, spectators, and/or officials, and engage in no form of discriminatory behavior or in any form of verbal, physical, or sexual harassment or abuse. The term "harassment" includes, but is not limited to; offensive language, jokes, or other verbal, graphic or physical conduct relating to the above aforementioned race, sex, religion, color, national origin, age, disability, or other factors protected by law, which would make the reasonable person experiencing the harassment uncomfortable or which could interfere with the person's athletic performance.

10. Athletes recognize that Sportable is their “home” and shall show respect for the physical environment of the facilities by assisting to maintain a clean, safe and tidy environment. Athletes will maintain a similar environment at any other locale, including competition and training venues, lodging, and where they are participating as a representative of the Sportable organization.
11. Athletes shall dress in an appropriate manner at all times in order to reflect a positive image of oneself and Sportable. Any athlete dressed in inappropriate attire as deemed by Sportable Staff will be asked to correct the issue. If the issue cannot be corrected, the athlete will be asked to leave the premises.
12. Athletes shall respect Sportable’s teammates and their own adaptive equipment and sporting equipment. Athletes shall not make changes to any equipment that is not their own without the permission of a Sportable Staff member or the owner of said equipment.
13. Athletes are expected to abide by “The Sportable Way” at Sportable programming and events, and also when representing Sportable at competitions, community outreach, school programs, etc.

Language

Athletes and volunteers are expected to use appropriate language. Use of profane or abusive language and obscene gestures will not be tolerated.

Sportable Athletic Participation Agreement

Print Participant’s Name: _____

My signature below verifies that I wish to become a Sportable member. I understand that participation with Sportable is a privilege that can be taken away at any time by Sportable staff. I acknowledge that my failure to comply with this Code of Conduct could result in suspension or termination of my membership.

By signing this contract I am indicating that I have read this document fully and agree to abide by the guidelines and rules set forth in the Code of Conduct agreement.

Signature, Sportable Athlete

Date

Signature, Athletes Parent or Guardian

(if athlete is under 18 years old)

Date

Signature, Sportable Representative

Date