

ARIZONA TRANSPLANT GAMES REGISTRATION

December 7, 2019 1:00 P.M. Seton Catholic Prep, 1150 N Dobson Rd, Chandler, AZ.

WEBSITE: www.TransplantTeamAZ.org E-Mail: info@transplantteamaz.org

Twitter@transplant_team Facebook@transplantteamAZ

Phone: 602-277-2661

The following forms are needed in order to complete your registration:

- 2019 Registration Form (please complete all information)
- Registration Fee - \$10 per athlete. Registration Fee includes participation in Track Event on 12/07/19, Event Tshirt, practice sessions and meetings before the Track Event
- Consent and release Form (signed by parent & if participant is a minor)
- Medical Acknowledgement (signed by physician)
- Photo/Media Release Form (signed by parent & if participant is a minor)
- Calling Phone Tree Form

Competitors must have been transplanted for at least six months, with stable graft function, be medically fit and have trained at the events in which they have entered.

In order to compete in the 2019 Arizona Transplant Games you must have received your transplant or made your donation prior to July 7, 2019.

If registering as a family, please fill out the information for the transplant recipient competitor first, and then add other in children in the next section.

Each person wishing to compete needs to fill out the information in this registration form, submit a physician's release and pay \$10 registration fee before the deadline 11/7/19. Children under 12 that have not received a transplant are still eligible to compete, not required to submit the Medical Acknowledgement, and will not receive a medal.

Return Forms and \$10 fee to:

Transplant Community Alliance
PO Box 36122
Phoenix, AZ 85067



Registration Form

Competitor's Name _____

Gender male female other Age as of 12/7/19 _____

Parent's/Guardian's Name (if an athlete is under 18) _____

Other Parent's/Guardian's Name (if an athlete is under 18) _____

Address _____

Home phone (_____) _____ Cell phone (_____) _____

Emergency Contact Name _____ Emergency Contact Number (_____) _____

Email _____ Add to email list? _____

Would you like to join a Team or create a Team?

Team Banner Team Phoenix Children's Team St. Joe's Team Mayo _____

Other _____

Transplant Related Information

Name of Spouse/ Caregiver/ Significant Other _____

Transplant Status transplant received living donor LVAD

Where were you Transplanted? _____

Type of Organ(s), Cornea, Bone Marrow or Tissue Transplanted or Donated and When? _____

Sports

Please select all of the sports you wish to compete in.

Low Level Stress 1

_____ Cornhole
_____ Outdoor darts

Medium Stress 2

_____ Youth Olympiad
_____ Softball Toss
_____ Track Speed Walk 100m

High Level Stress 3

_____ long jump
_____ high jump
_____ track 25m
_____ track 50m
_____ track 75m
_____ relay 100m

Consent

I AGREE that the information entered on this form is true and accurate. I UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE.

I also hereby certify that I, or the minor child(ren) listed above, will take part in regular physical activity of at least three times per week for a minimum of 20 minutes per exercise period in preparation for this event.

I understand and agree with the above statement. _____ yes _____ no

Write Name as Consent (parent/guardian of minor): _____

Today's date _____/_____/_____

PARTICIPATION APPLICATION AND RELEASE/ASSUMPTION OF RISK

I hereby apply to participate in the 2019 Arizona Transplant Games and by typing my name below, I represent that I am qualified to participate in the games and have read, understood and agree to all of the RULES and GUIDELINES of Transplant Team Arizona (hereafter "TTA") governing the 2019 Arizona Transplant Games. I also understand and agree that my REGISTRATION FEES paid are NOT REFUNDABLE under any circumstances. . In consideration of being allowed to participate, in any way, in TTA's sports program, related events and activities, I acknowledge and willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest TTA official.

I further understand that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and also understand that I will not be covered by any insurance provided by TTA or Transplant Community Alliance and hereby represent and warrant that I either have my own major Medical Insurance Policy or, if not, will be solely responsible to pay any expenses of any injury to myself while participating in the 2019 Arizona Transplant Games.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS TTA and Transplant Community Alliance, their officers, board members, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event ("Releasees") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY or DEATH, suffered by me or loss or damage to person or property caused by me, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE against any and all rights and claims which I may have or which may arise in conjunction with my participation in or travel to and from practices, track meets, road races or other activities sanctioned, sponsored and/or conducted by TTA or the Transplant Community Alliance in conducting the 2019 Arizona Transplant Games.

I HAVE READ THIS APPLICATION, RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY TYPING MY NAME BELOW, AND DO SO FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Name	Signature	Date
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FOR MINORITY PARTICIPANTS (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent or guardian of competitor:

Print Name	Signature	Date
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Photo/Media Release Form

By signing below, I understand and agree that TTA has my permission to take and use my or my child's track and field photographs, digital images, and video images for official TTA purposes such as, but not limited to media press releases and the newsletter. Furthermore, I understand that by signing below I consent to the organization's right to publish photographs or videos depicting the minor athlete/child named above engaged in field and track events of TTA, whether as an active participant or as an observer.

I have fully read and considered all of the terms and statements contained in this release.

I consent to the Media Release Form _____ I consent _____ I DO NOT consent

Competitor Signature _____ Date _____

Parent or Guardian of minor competitor: _____

If you would like your name and photo to be featured on our website and social media connected to the Arizona Transplant Games, please email a photo to **info@transplantteamaz.org**.

Would you like the videographer to record your sport and make a keepsake video?

_____ yes _____no _____maybe

TTA Phone Tree Form

In order to enhance communication, TTA uses the Calling Tree to notify you of the event and/or cancellations due to weather, to announce variable schedules and last minute changes.

Please complete the following form with the telephone number or we should call in an emergency-- to notify you of delays, cancellations, etc. This number should be one to which you have access at varied times. For example, if you leave your office number, but you travel from site to site and don't check in with your office every day, you might want to leave another number.

Again, please give us the number where you might be reached in case of an emergency like a cancellation. Thanks.

Name of Participant _____

Parent/guardian's name _____

Phone number (_____)_____ Alternate number (_____)_____