



UNITED STATES ASSOCIATION OF INDOOR WHEELCHAIR SOCCER

Membership Application

PART ONE: Member Information

Name:	_____				
Home Address:	_____				
City:	_____	State:	_____	Zip:	_____
Date of birth:	_____	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	_____
Home Telephone:	_____	Work Telephone:	_____		
Cell Phone:	_____	FAX Phone:	_____		
E-mail address:	_____				

PART TWO: Type of Membership

All memberships are for a one year period that begins on the date of receipt of your membership application.

- New Membership Membership Renewal - list current Membership # _____

Membership Fees:

- Regular Member - \$20 First Time Player Member – **\$10**

Membership at a higher level helps USA-IWS to provide all athletes with a disability with the opportunity to participate, to train and to be competitive at all levels, both nationally and internationally.

- Circle of Friends - \$50
 Bronze Medal Club - \$100
 Silver Medal Club - \$250
 Gold Medal Club - \$500

Please make your check payable to USA-IWS and mail with this completed form to:

USA-IWS National Office

UNITED STATES ASSOCIATION of INDOOR WHEELCHAIR SOCCER

1398 Penataquit Ave., Bayshore, NY 11706

Web site: www.USA-IWS.org

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PART THREE: Other Information

Please check all categories that apply to you: (a Survey and Profile of Member)

- | | | |
|--|---|---|
| <input type="checkbox"/> Player | <input type="checkbox"/> Spec. Ed. Teacher | <input type="checkbox"/> Event Organizer |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Official |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Parent of Athlete | <input type="checkbox"/> CTRS | <input type="checkbox"/> Other (please list): |
| <input type="checkbox"/> Adaptive P.E. Teacher | <input type="checkbox"/> Physician | _____ |

Please check all sports in which you compete, coach or organize:

- | | | |
|---|---|--|
| <input type="checkbox"/> WC Basketball | <input type="checkbox"/> Hand/Foot Cycling | <input type="checkbox"/> Road Racing |
| <input type="checkbox"/> Boccia | <input type="checkbox"/> Quad Rugby | <input type="checkbox"/> 7-Side Soccer |
| <input type="checkbox"/> Indoor WC Soccer | <input type="checkbox"/> Outdoor Recreation | <input type="checkbox"/> Power Soccer |

PLAYERS – Please list any classification (Official classifications must be approved Governing Body)

___ Indoor WC Soccer ___ WC Basketball ___ Boccia ___ Quad Rugby ___ Power Soccer

Please list your Primary DIAGNOSED disability: _____

**IF YOU PLAN TO PARTICIPATE IN USA-IWS SPONSORED OR SANCTIONED EVENTS,
Please complete PART FOUR.**

PART FOUR: Liability/Media Release Form

This form must be read and signed before a member is allowed to take part in any USA-IWS sanctioned training, competition or meeting. **By signing this form, the member affirms having read it.**

I, the undersigned parent and/or legal guardian/conservator of the member named, or member if 18 years of age or older (hereinafter referred to as the "Member"), in consideration of and through my involvement in the sports and activities of the United States Association of Indoor Wheelchair Soccer (herein after referred to as USA-IWS), acknowledge, appreciate and accept that:

1. The risk of injury from the activities involved in membership participation in this program is significant, including the potential for permanent paralysis, dismemberment and death, and while rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; as well as loss or damage to property;
2. The Member knowingly and freely assumes all such risks and assumes full responsibility for participation, and
3. For the Member and on behalf of his/her heirs, assigns, and next of kin, hereby release, hold harmless and promise not to sue USA-IWS, their officers, officials, agents and/or employees, with respect to any and all such injury, paralysis, dismemberment, death and/or loss or damage to property (except in which it is a result of gross negligence and/or willful and wanton misconduct).

In addition, I understand that the Member's photograph, voice or likeness may be used by USA-IWS or its licensees. I am specifically granting permission to use the likeness, voice, and words of the Member in television, radio, films, newspapers, magazines and other media; and in communicating the purposes and activities of USA-IWS and in appealing for funds in support of such activities USA-IWS may engage in, without compensation of any kind to the Member.

I have read this release of liability and assumption of risk agreement and Media release, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature of Member or Conservator or signature of Parent or Guardian _____
Date

Signature of Witness/Guardian If Member is under 18 years of age, or if Competitor signs with a "mark" _____
Date