



The Center For Individuals  
With Physical Challenges

\$135

### The Center Youth Program Wheely Fun Run Club

Tuesday & Thursday 4:00pm-5:30pm  
September 10, 2019-December 5, 2019  
Jingle Bell Fun Run December 7, 2019

Office Use:
Paid: _____
WC #: _____

#### CHILD INFORMATION

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Gender  Male  Female  
 Birthday \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
 I would be interested in receiving information for future Youth Programming at The Center  Yes  No

There are a limited number of sport wheelchairs available through The Center.  
 Will participant be using a Center Sport Wheelchair for the Fun Run?  Yes  No

#### PARENT or GUARDIAN INFORMATION

Name _____	Name _____
Address _____	Address _____
City _____ State _____ ZIP _____	City _____ State _____ ZIP _____
Phone _____	Phone _____
Email _____	Email _____

#### Who will be picking your child up? (Other than parent/guardian)

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

#### EMERGENCY CONTACTS (Other than parent/guardian)

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

#### HEALTH INFORMATION

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Hospital Preference \_\_\_\_\_

#### Primary Diagnosis

- Amputation     Cerebral Palsy     Head Injury     Muscular Dystrophy     Spinal Cord Injury  
 Obesity     Stroke     Cancer     Visual Impairment     Seizure  
 Other: \_\_\_\_\_

Please explain disability and cause: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Disability was:  Present at birth  Acquired, on this date \_\_\_\_\_

Child Uses:  Manual Wheelchair     Power Wheelchair     Crutches     Prosthesis  
 Walker     Hearing Aids     AFO's     Glasses     Other: \_\_\_\_\_

Allergies \_\_\_\_\_

Other Health Concerns \_\_\_\_\_



**Wheely Fun Run Club**

The Center Youth Program, Wheely Fun Run Club, is a 13-week WALK, RUN, or ROLL physical fitness program for youth with a documented physical disability. The group meets twice a week for 90 minutes. Program will cover strength and endurance training both in- and outdoors. Each session will develop and encourage youth to progress from their current level of fitness to being able to complete a 1-mile Fun Run race at the conclusion of the program. The program will incorporate various stretching, warm-up, cool-down, physical activities, recreation, games and healthy snacks to increase their fitness, well-being, and endurance. At the end of the program, participants are invited to walk, run, or roll in the Jingle Bell Fun Run, which is included in the program fee. Limited number of Sports Wheelchairs will be available for use.

Space is limited.

Skills needed: Manage own behavior with minimal staff intervention, follows two step-directions, have desire to participate, independent in toileting and feeding

**CONSENT & RELEASE**

Parent or Guardian: Please initial each section and sign and date below.

\_\_\_\_\_ Photo Release: I hereby consent that the photographs and/or videotapes in which my child appears and/or audio recordings made of his/her voice may be used by The Center Youth Program in whatever way needed, including television; consent that any such photograph, films and recordings shall be the property of The Center, and they shall have the right to duplicate and reproduce and make other such use of said photographs as needed without any claim on my part.

\_\_\_\_\_ Authorization for OTC Medication: I give permission for administration of the following medications if deemed necessary by certified first-aid personnel. Doses will be administered according to directions on label unless directed by physician. Please select medications authorized or select  **NO MEDICATION AUTHORIZED.**  
 Acetaminophen  Ibuprofen  Chewable Antacid  Pepto Bismal  Benadryl  Sunscreen  Insect Repellent  Neosporin

\_\_\_\_\_ Authorization for Treatment: I give permission to the medical personnel selected by The Center Youth Program to order XRays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange any necessary related transportation for my child. In the event I cannot be reached in an emergency, I give permission to the physician selected by The Center Youth Program to secure and administer treatment, including hospitalization for the person named above. The completed forms may be photocopied.

\_\_\_\_\_ I hereby acknowledge that I am fully aware of the risks and hazards connected with the participation in The Center Youth Program, including physical Injury, and hereby elect to voluntarily participate in said event, knowing that the associated activities may be hazardous to my child and my child's property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY that may be sustained by my child as a result of my child's participation. I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE The Center for Individuals with Physical Challenges and its affiliates, participants, volunteers, directors, facilities, vendors and staff from any and all liability, claims, demands, expenses, omissions, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my child or to any property belonging to my child, while participating in The Center Youth Program. I understand and agree that The Center or other supporting parties are not responsible for any injury or property damage arising out of competing in this event. I acknowledge and represent that I HAVE READ THE FORGOING Participant Waiver of Liability Form, I UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed. No oral representations, statements, or inducements, apart from the forgoing written agreements have been made.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For questions, please contact:  
Kelly R. Evans, CTRS/L  
Youth Services Program Coordinator

918-794-4526  
[kevans@tulsacenter.org](mailto:kevans@tulsacenter.org)