



Participant Registration Form

P.O. Box 5220
Oswego, NY 13126
315.350.1726
www.movealonginc.org

Hand cycling, Adaptive Kayaking or Wheelchair Basketball

Program registration for: _____ Dates: _____

Participant Name: _____

Parent/Guardian (If applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home): _____ (Work): _____ Cell: _____

Email: _____

Preferred method of contact: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Diagnosis / Disability (Primary): _____

(Secondary): _____

Do you have a Doctor's release to participate in this low impact recreational exercise? Yes ___ No ___

If required please supply a confidential copy to our program coordinator

How well do you transfer from your wheelchair: _____

(If different from Above)

Individual Responsible for Scheduling & Transportation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home): _____ (Work): _____ Cell: _____

Email: _____

Emergency Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home): _____ (Work): _____ Cell: _____

Email: _____



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My previous hand cycling, kayaking or wheelchair basketball (Please circle one) experience: _____

My goal(s) for this session: _____

My long term goal(s) for this sport is: _____

It would be helpful for my instructor, volunteer(s) to know this about my learning style: _____

Date: _____ Signature: _____

IMPORTANT: You are requested to fill out this form completely and after signing return it to the attention of Jeff Wright prior to participating in Move Along, Inc programs. Any questions please feel free to call 315-263-1705 or email at Jeff_Wright@movealonginc.org This form will be held as confidential information and only shared with our program coordinators

In addition you will be asked to sign our liability weaver and photo release agreement once a year to participate in our programs!
