



Please complete all forms(5) and mail, along with registration fee (no cash, please!) to

Courage Center Sports and Recreation
3915 Golden Valley Road, Minneapolis, MN 55422.

You can also register in person at any Courage Center location.

Date: _____

Name: _____

Name of Parent (s) or Guardian _____

Address _____

City /State / Zip _____

Phone : Home () _____ Cell () _____

Email _____

Date of Birth ____/____/____

Female Male

Disability/Condition _____

I am a Military Veteran _____ Branch of Service _____

Courage Center registration form

Course information:

Total Registration Fee Amount enclosed \$ _____

#1 Program Name and Location

Begin Date/Time _____

Cost _____

#2 Program Name and Location

_____ Begin Date/Time

Cost _____

#3 Program Name and Location

Begin Date/Time _____

Cost _____

(To register for additional courses, use an additional sheet of paper)

COURAGE CENTER SKI AND SNOWBOARD
Health and Emergency Information



Name: _____ Date of Birth: _____ Age: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Relationship to you: _____

Emergency Contact Phone: _____

Do you live in a group home? _____ Do you have a parent or guardian? _____

Health Information:

** Mandatory, this helps us anticipate sizing, equipment needs, and safety concerns.*

*Height: _____ *Weight: _____

*Seizures: Yes _____ No _____ If yes, when was your last seizure? _____

Frequency of seizures: _____

*Disability: _____ Date of onset: _____

Mobility Type: Ambulatory _____ Manual W.C. _____ Power Wheelchair _____ Other _____

* Medications: _____

Other medical health concerns (allergies, catheter, Herrington Rods, Pressure sores, Bum Knee): _____

Ski Information:

Have you skied or snowboarded before? Yes _____ No _____

If yes, what type of adaptive equipment do you use? (Ski bra, outriggers, rider bar, Bi ski, Mono ski, etc) _____

How many years and/or times have you skied or snowboarded? Times: _____ Years _____

Important additional information for your ski instructor (*"prefers blue runs," "sensitive to cold," "I get tired early quickly..."*): _____

The information below MUST BE SIGNED by participant or guardian.

I give permission for myself or my child to be given the necessary medical treatment in case of an emergency.

Yes No

Signature of participant OR parent/guardian

Date

NON-HEALTHCARE PROGRAMS AND SERVICES

Courage Center, 3915 Golden Valley Road, Minneapolis MN 55422

Courage Center Duluth, 200 Ordean Building, 424 W Superior, Duluth, MN 55802



CONSUMER'S NAME:

(Please Print)

Date of Birth:

To provide services to you in the non-healthcare programs of Courage Center Duluth and Courage Center Sports and Recreation, Courage Center may need to use and disclose health-related information about you.

I AUTHORIZE:

Courage Center and Courage Center Duluth to use and disclose my name and disability information in connection with the Sports and Recreation programs as follows: my contact information, physical and mental health information, services and payment for services information.

- Use information about me to provide services to me and to communicate across departments within Courage to coordinate my services
- Disclose information to insurance companies, or other government or private payers, in order for Courage Center to obtain payment for its services.
- Use and disclose information about me, as necessary for the purpose of Courage Center operations, such as case management, quality assurance and staff training.
- Disclose: Name, address, telephone number, e-mail address
 - A. To be used in the team roster distributed to teammates, coaches and program volunteers.
 - B. To assist in communication regarding team events, Courage events and community events.
- Disclose: Name, address, photos, electronic photos or videos
 - A. Newspaper, television, radio, Courage Center facilities and for use in marketing and fundraising.
 - B. To increase publicity for the Sports and Recreation programs, individual sports or participants.

I understand that:

- This authorization must be filled out completely to be valid. A copy is as valid as the original.
- Courage Center will not refuse to provide services to me based on my refusal to authorize the use or disclosure of my personal health information for a purpose unrelated to those healthcare services.
- I may revoke this authorization at any time by notifying Courage Center in writing. If I do, it won't affect any actions Courage Center took in reliance on this authorization before I revoked it.
- Once information is released to a third party according to this authorization, Courage Center cannot prevent its re-disclosure.
- This authorization does not limit the ability of Courage Center to use or disclose my health information as otherwise permitted by state or federal law.

**Signature of consumer
Or consumer's representative**

Date

*If signed by consumer's representative, please PRINT YOUR name and describe relationship to consumer

Printed name: _____ Relationship to consumer: _____

You are entitled to a copy of this authorization form

WAIVER AND LIABILITY RELEASE AGREEMENT:

Courage Center, 3915 Golden Valley Road, Minneapolis MN 55422

Courage Center Duluth, 200 Ordean Building, 424 W Superior, Duluth, MN 55082



I hereby agree, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives, assigns, and/or guests, if any, to the following: That in consideration of **Courage Center** allowing my use of Courage Center facilities and its locations and participation in its activities, under the terms set forth herein, I agree to hold harmless, release and discharge **Courage Center**, its owners, agents, employees, personnel, sponsors, officers, directors, representatives, assigns, members, affiliated organizations, insurers, and others acting on its behalf (hereinafter collectively referred to as "ASSOCIATES"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to **Courage Center's** and/or its ASSOCIATES' ordinary negligence; and I do further agree that, except in the event of **Courage Center's** and/or its ASSOCIATES' gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against **Courage Center** and/or its ASSOCIATES as stated above in this clause, for any economic and/or non-economic losses due to bodily injury, death, property damage sustained by me and/or my minor children and/or legal wards, if any, in relation to the premises and/or operations of **Courage Center**. That if I engage in any physical activity or use of any **Courage Center** facility on the premises, I agree to do so at my own risk and assume the risk of any and all injury and/or damage while engaging in any physical activity or use of any **Courage Center** facility on the premises. My assumption of risk includes, but is not limited to, my use of any **Courage Center** pediatric, exercise or rehabilitation equipment (mechanical or otherwise), the locker room, sidewalk, parking lot, stairs, pool, whirlpool, sauna, steam room, gymnasium, reception area or any equipment in any **Courage Center** facility. I agree to assume this risk in my participation in any activity, class, program, service, instruction or **Courage Center** sponsored event. I agree that I am VOLUNTARILY participating in **Courage Center** activities and using **Courage Center** facilities and premises and assume all risk of injury, harm, damage, or loss to me and my property that might result, including, without limitation, any loss or theft of any personal property. In the event of illness or injury to my child, I authorize any official representative of Courage Center to administer and/or secure medical treatment as deemed necessary by said representative. This Agreement shall be governed by the laws of the State of Minnesota. If any of its provisions are held to be invalid or unenforceable by a court of competent jurisdiction, such holding shall not invalidate any of the other provisions of this Agreement, it being intended that the provisions of this Agreement are severable. I attest that I am fit and prepared to use **Courage Center** facilities and participate in **Courage Center** activities.

ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY AND EXPRESS ASSUMPTION OF RISK. I AM AWARE AND AGREE THAT BY SIGNING THIS WAIVER AND RELEASE, I AM GIVING UP MY RIGHT TO BRING LEGAL ACTION OR ASSERT A CLAIM AGAINST **COURAGE CENTER** FOR ITS NEGLIGENCE OR FOR ANY DEFECTIVE PRODUCT ON ITS PREMISES. I HAVE READ AND VOLUNTARILY SIGNED THE WAIVER AND RELEASE AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

Printed Name of Consumer: _____

Signature of Consumer

or Parent/ Legal Guardian: _____ Date _____

I understand that this Agreement also waives and releases **Courage Center** liability for negligence causing any injury to my child and/or legal ward, heirs, administrators, personal representatives, assigns, and/or guests, if any. I attest that they are fit and prepared to utilize **Courage Center** facilities and participate in **Courage Center** activities.

Printed Name(s) of Minor(s) _____

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ *Date:* _____

United Way Survey Information



NAME _____

DATE _____

Courage Center wants to provide the best care possible for all our clients. Our ability to do this depends on gaining support from foundations, corporations, public agencies and the United Way. We can be more successful if we can assemble and provide information about our clients.

Thank you for helping us to maintain quality care by answering the questions on this page. The **information you provide will be used in a confidential manner**. Your Courage Center care will not be affected by your choice to answer or not answer these questions.

1. Which category best describes your race or ethnicity?

- ___ African
- ___ African American, non-Hispanic
- ___ Asian
- ___ Pacific Islander
- ___ American Indian/Alaskan Native
- ___ Caucasian/White, non-Hispanic
- ___ Hispanic / Latino
- ___ East Indian
- ___ Hmong
- ___ Bi- or Multi-Racial
- Other _____

2. What language do you feel most comfortable speaking with our staff? _____

3. **First**, circle the number on the left that matches how many people, including you, are in your household. **Then**, on the line directly to the right of the number you circled, check the box next to the one category that includes your household income.

| Number of persons in household | Income up to and including (A) | Between (B) | Income at or above (C) |
|--------------------------------|-----------------------------------|------------------------------------------|-----------------------------------|
| 1 | <input type="checkbox"/> \$10,829 | <input type="checkbox"/> \$10,830-21,659 | <input type="checkbox"/> \$21,660 |
| 2 | <input type="checkbox"/> \$14,569 | <input type="checkbox"/> \$14,570-29,139 | <input type="checkbox"/> \$29,140 |
| 3 | <input type="checkbox"/> \$18,309 | <input type="checkbox"/> \$18,310-36,619 | <input type="checkbox"/> \$36,620 |
| 4 | <input type="checkbox"/> \$22,049 | <input type="checkbox"/> \$22,050-44,099 | <input type="checkbox"/> \$44,100 |
| 5 | <input type="checkbox"/> \$25,789 | <input type="checkbox"/> \$25,790-51,579 | <input type="checkbox"/> \$51,580 |
| 6 | <input type="checkbox"/> \$29,529 | <input type="checkbox"/> \$29,530-59,059 | <input type="checkbox"/> \$59,060 |
| 7 | <input type="checkbox"/> \$33,269 | <input type="checkbox"/> \$33,270-66,539 | <input type="checkbox"/> \$66,540 |
| 8 | <input type="checkbox"/> \$37,009 | <input type="checkbox"/> \$37,010-74,019 | <input type="checkbox"/> \$74,020 |
| 9 | <input type="checkbox"/> \$40,749 | <input type="checkbox"/> \$40,750-77,759 | <input type="checkbox"/> \$77,760 |