



Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_ Sex:  Male  Female

Child's DOB \_\_\_\_\_ Child's School \_\_\_\_\_

Special Requests \_\_\_\_\_

Child's t-shirt size:

- Youth Small
- Youth Medium
- Youth Large
- Youth XL
- Adult Small
- Adult Medium
- Adult Large
- Adult XL

## Release and Indemnification

I agree, for myself, my heirs, executors, administrators, other family members, to not sue and to release and indemnify and hold harmless the Challenger Football League, its affiliates, officers, directors, volunteers, staff, adult and junior volunteers, coaches, board, and all sponsoring businesses and organizations and their agents and employees from any and all liability, claims, demands, and causes of action whatsoever, arising out of my child's participation in this event and related activities – whether it results from the negligence of any of the above or from any other cause. Furthermore, I authorize the use, copyright, or publication of my child's name, image, or voice as maybe captured by photographer, digital image, video image, or other recording while participating in this event and related activities in any medium for any purpose, including illustration, promotion, and/or advertisement.

The forgoing release and indemnification agreement shall be as broad and inclusive as is permitted by the State of Texas in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect. I have read, understand, and agree to the terms of this Agreement.

I am the legal guardian of the participant and I hereby consent to his/her participation on his/her behalf as well as my own.

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Parent/Guardian's Printed Name and Signature

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Date

### Questions?

**Contact Nathan Mentzer at:**

**Nate\_Mentzer@tamu.edu**  
**(281) 253-6866**

**Please mail the completed form to:**

**Challenger Rugby**  
**Attn: Nathan Mentzer**  
**405 Cross Street #216**  
**College Station TX 77840**

THIS FORM WILL BE USED TO HELP THE CHALLENGER RUGBY COMMITTEE BETTER SERVE YOUR CHILD.  
PLEASE COMPLETE ENTIRELY – CHECK ALL BOXES THAT APPLY. THANK YOU!

**General Information**

Full Name \_\_\_\_\_

Age \_\_\_\_\_

**Ambulation**

- Walks Assisted                       Walks Unassisted
- Walks Using (  Walker     Crutches  Braces)
- Wheelchair (  Manual  Electric)
- Transfers (  Alone     Needs Assistance)

**Communication**

- No Problems     Non-Verbal     Sign Language
- Limited abilities, but can communicate daily needs
- Communication Device \_\_\_\_\_

**Vision**     Normal     Limited     Blind     Glasses

**Hearing**

Normal     Deaf     Hard of Hearing     Hearing Aids

**Behavior**

- No Problems
- Problems Triggered by \_\_\_\_\_

Positive Reinforces \_\_\_\_\_

How can Challenger best support and engage participant in activity? (e.g. redirection, persistence, seek caretaker)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Seizures**

None     One or two as a small child

Type \_\_\_\_\_

Last one \_\_\_\_\_

Usual Frequency \_\_\_\_\_

Usual Duration \_\_\_\_\_

Pre-Seizure Activity \_\_\_\_\_

Triggered by \_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_\_\_

**Chief Diagnosis** (LIST ALL e.g. Seizures, Asthma, MR, CP, A,)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Other Comments or Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What would you like your child to get out of this activity?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_