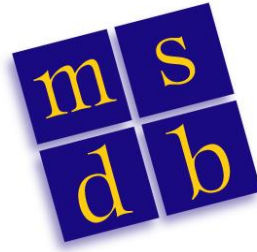




NW ASSOCIATION  
FOR  
**BLIND**  
ATHLETES



MONTANA  
SCHOOL *for the*  
Deaf & Blind

PRESENTS:  
**BILLINGS PARLYMPIC  
EXPERIENCE**

- Why:** To give youth ages K-12<sup>th</sup> who are blind or visually impaired an opportunity to play beep kickball, cooperative parachute games & playground time.
- Who:** Open to ages K-12<sup>th</sup> grade who are blind or visually impaired. Teachers of the Visually Impaired and other family members are also welcome. Parents or teachers are required to supervise students throughout the entire event.
- Where:** Veterans Park  
13<sup>th</sup> Street W & Poly Drive  
Billings, MT 59102
- When:** Saturday, May 7, 2022
- Time:** Check-In 9:30am  
10:00-1:30pm  
Lunch Provided – Pizza & Snacks (Please bring water bottle)

**Registration is due by Monday, May 2, 2022.**

**To register, please call or email Stacey Gibbins**

**360-718-2834**

**[sgibbins@nwaba.org](mailto:sgibbins@nwaba.org)**

Please send completed form to:  
 Northwest Association for Blind Athletes  
 PO Box 65265  
 Vancouver, WA 98665-0009

# Athlete Registration

## Billings, MT

**Athlete Registration Form**

First Name:	Last Name:	MI:	DOB:
Address:		City:	State:      Zip:
Home Phone: (    )	Cell Phone: (    )	Gender: N/A <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Parent or Guardian Information:</b>			
First Name:	Last Name:	Email:	
<b>Emergency Contact 1:</b>			
First Name:	Last Name:	Relationship:	
Primary Phone: (    )	Secondary Phone: (    )	Email:	
<b>Emergency Contact 2:</b>			
First Name:	Last Name:	Relationship:	
Primary Phone: (    )	Secondary Phone: (    )	Email:	

**Please send completed registration to:**  
 Northwest Association for Blind Athletes | PO BOX 65265 | Vancouver, WA 98665-0009  
 360-718-2834 | [www.nwaba.org](http://www.nwaba.org) | [sgibbins@nwaba.org](mailto:sgibbins@nwaba.org)

*Please check one of the following*

- Vision: \_\_\_ B1 – totally blind  
\_\_\_ B2 – best corrected vision is 20/600 and up  
\_\_\_ B3 – best corrected vision is 20-200 - 20/599  
\_\_\_ B4 – best corrected vision is 20/70 - 20/199

*Description of Visual Impairment*

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*Additional Disabilities and/or Medical Conditions*

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*Please list any Allergies (Food and/or Environmental):*

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**Waiver: (please read carefully)**

By signing this athlete registration form, the participant affirms having understood all terms and conditions. In consideration of my involvement under the auspices of Northwest Association for Blind Athletes (NWABA) & Montana School for the Deaf and Blind (MSDB) at training and competition sites, I acknowledge and agree to the following: 1. I risk bodily injury, including paralysis, dismemberment and death as well as loss or damage to property; 2. I knowingly and freely assume all such risk; 3. I hereby authorize and give my full consent to NWABA & MSDB to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any NWABA & MSDB event. I further agree that Northwest Association for Blind Athletes (NWABA) & Montana School for the Deaf and Blind (MSDB) may transfer, use or cause to be used these photographs, videotapes or films for any exhibitions, public displays, publications, commercials, art and advertising purposes and television programs without limitations or reservations; and 4. I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue the Northwest Association for Blind Athletes (NWABA) & Montana School for the Deaf and Blind (MSDB), their officers, officials, volunteers, agents and/or employees, with respect to any such injury, paralysis, dismemberment, death and/or loss or damage to property except that which is the result of gross negligence and/or wanton misconduct.

**For athletes of minority age – (under 18 at time of registration), this is to certify that I, as a parent/guardian of this participant, consent to his/her release of the Northwest Association for Blind Athletes (NWABA) & Montana School for the Deaf and Blind (MSDB) from any and all liabilities incident to his/her involvement in the programs conducted at authorized training and competition sites.**

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Signature

Date

**Please send completed registration to:**

Northwest Association for Blind Athletes | PO BOX 65265 | Vancouver, WA 98665-0009  
360-718-2834 | [www.nwaba.org](http://www.nwaba.org) | [sgibbins@nwaba.org](mailto:sgibbins@nwaba.org)