

Please fill out all applicable fields below. **Asterisks indicate required fields.**
See end of form for submission instructions.

PARTICIPANT INFORMATION	
Participant Name*	
Parent/Guardian Name (if applicable*)	
Phone Number*	
Email Address*	
Emergency Contact*	Name: <input type="text"/> Phone: <input type="text"/>

Note on email communication: Email addresses will be added to our distribution list which will provide program details, important communication, and other information. You may opt out at any time. Emails are also used for invoicing (see note on payment below).

PROGRAM REGISTRATION			
Program Name(s)*	Program/Session Dates*	Preferred Times (if applicable)	Cost (if known-otherwise leave blank)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note on payment: Please do not send payment with registration. Once your registration is processed, you will receive a confirmation email. An invoice will be sent directly to your email from PayPal, where you can complete your online payment. If you prefer to pay by check or cash, you may mail payment to: **Attn. SportsNet, CP Rochester, 3399 Winton Road South, Rochester, NY 14623**

Please indicate any adapted equipment or supports needed for any and all registered programs:

<input type="text"/>
<input type="text"/>

Please indicate medical diagnosis (if applicable*):

- ☐ Stroke
- ☐ Amputation
- ☐ Spinal Cord Injury
- ☐ Brain Injury
- ☐ Arthritis
- ☐ Autism

- ☐ Cerebral Palsy
- ☐ Muscular Dystrophy
- ☐ Multiple Sclerosis
- ☐ Spinal Bifida
- ☐ Other (specify)

No-Call, No-Show Policy

If a registered and scheduled participant is not present at program during their scheduled time, for more than 2 weeks of a session, without notifying SportsNet staff, their spot will be suspended for the rest of that session.

In order to request a hard copy by mail or submit a completed form, please email or call: jdana@cprochester.org, (585) 334-6000 x2282



***Photo Release and Authorization/Consent for Use or Disclosure of
Protected Health Information for Publication Purposes***

Person: _____ Date: _____

I hereby consent to the taking, publication, and/or broadcast of photographs (or other likeness of me), videotapes, audio tapes, and any other form of visual/audio media being taken for CP Rochester and its related or affiliated agencies with full knowledge these productions may appear on television, radio, on the Internet, or in print. I also consent to the release of my name, my residence, program attended, and my image.

I permit CP Rochester to use the materials in any of its or its related/affiliated agencies' brochures, advertisements, displays, flyers, web sites, or public/private information pieces now or in the future. I hereby waive all rights to claims for payment or royalties in connection with the use, publication, or exhibition of the above mentioned materials. I fully understand that usage of these materials may not relate to my image.

Any restrictions of use must be stated below and initialed.

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- I understand the purpose of CP Rochester's usage of above mentioned items are intended to promote the services of the agency to increase public/private awareness, and to educate current and/or future consumers of CP Rochester which may result in the financial growth of the organization.
- I release CP Rochester, its staff, and its related or affiliated agencies of any responsibility or recourse in the taking or publishing of such materials as outlined above, now and in the future. I understand all materials will remain the sole property of CP Rochester. I understand I may revoke this consent at any time (for future usage only) by contacting the Marketing and Communications Department at 334-6000.
- I understand my released information (indicated above) may be re-disclosed by entities authorized by CP Rochester and my no longer be protected by federal privacy regulations.
- I may refuse to sign this form authorizing release of protected health information and my refusal to sign will not affect my ability to obtain treatment or payments except in some situation when such information is needed for payment and enrollment.
- I may, in accordance with applicable agency Privacy Policy, inspect or copy any information used or disclosed under this authorization upon request and obtain a copy of this form if I ask for it.
- I understand this signed authorization remains effective for three (3) years following the date signed.

Signature of Person

Witness

Signature of Representative (if minor or unable to sign)

Relationship

(initial) _____ Restrictions (if any): _____

Participation in SportsNet Recreation Services Acknowledgment

SportsNet Participant or Volunteer: _____ DOB: _____

Understanding the Potential Risks Associated with COVID-19 illness: COVID-19 can affect anyone, and the disease can cause symptoms ranging from mild to very severe. While the Center for Disease Control (CDC) frequently updates symptoms of COVID-19, common symptoms include fever, difficulty breathing, and shortness of breath. **Severe illness, for both adults and children, can result in hospitalizations, intensive care unit (ICU) admissions, and in some cases can be fatal.** The CDC has indicated that some characteristics or medical conditions, including being 65 years of age or older or having serious underlying medical conditions (commonly called “risk factors”), increase the risk of a severe reaction to COVID-19. As COVID-19 is widespread throughout NY State, there is risk of exposure/transmission of COVID-19 in group settings, such as SportsNet programs, despite mitigation efforts. **Please consult your healthcare provider for guidance, should you have any concerns with the risk of participating in SportsNet Recreation PRIOR to return to service.**

Based on New York State Department of Health guidance documented “Interim Guidance for Sports and Recreation During the COVID-19 Public Health Emergency” dated 8/15/20 and “Interim Guidance for Pools and Recreation Aquatic Spray Grounds During the COVID-19 Public Health Emergency” dated 6/11/2020 our agencies and partners have developed a reopening plan for SportsNet Recreation services that includes the following conditions:

1. All participants and essential visitors must be screened prior to entry into the SportsNet program site and will be monitored for signs and symptoms of COVID-19 thereafter. Anyone who does not pass the health screen will not be permitted to enter the program and will be required to return home until they are fever free for 72-hours without the use of fever-reducing medications (e.g. Aspirin, Ibuprofen). Participants/Caregivers will be instructed to contact participant’s health care provider for assessment and testing.
2. If a participant displays COVID-like symptoms while at program, the participant will be sent home as soon as possible with whom they arrived at program with.
3. All participants must participate in hand hygiene advised by the CDC immediately upon entering program and throughout the program.
4. Participants must socially distance more the 6ft at all possible times during program
5. At all times, everyone involved in SportsNet programs indoors; Must wear acceptable face coverings provided they are over the age of two and able to medically tolerate such covering.
6. At all times, everyone involved in SportsNet programs outdoors; Must wear acceptable face coverings unless they are fully vaccinated, eating or drinking and whenever social distancing of 6 feet cannot be maintained provided that they are over the age of two and able to medically tolerate such covering.

(For Aquatics Programs Only: Any persons directly in the water or lifeguard is not to wear anything covering their nose, mouth or face due to water specific health and safety concerns, those NOT directly in the water must wear an acceptable face covering that covers both the nose and mouth **)**

Please Note: CP Rochester & SportsNet do not require disclosure of vaccination status but all individuals at program are expected to follow all updated CDC guidelines and the SportsNet COVID Action Plan accordingly.

7. Only 1 support person in program area per participant unless otherwise necessary. No one outside of program will be allowed in program area for the duration of the program.
8. Essential visitors must agree to provide their contact information in the event that contact tracing for potential exposure is necessary.
9. In the event a participant or anyone they reside with are placed on a quarantine or isolation by NYS DOH and cannot attend program, the responsible party (i.e. self, guardian, etc.) must suspend from attending program until they are medically cleared by the Department of Health to return to program.
10. Shared food and beverages are prohibited. Food brought in for lunch must require limited preparation at the program site (i.e. heating in microwave) and be packed appropriately.
(**For Aquatics programs: No food and drink other than water is allowed in the pool area**)
11. Equipment, locker rooms, highly touched surfaces and other necessary areas will be disinfected following CDC guidelines and using CDC approved materials suggested in “Guidance for Cleaning and Disinfecting of Public and Private Facilities for COVID-19”

12. In the event that a person who has been in the program tests positive for COVID-19, the entire program or impacted area will be closed for a period of time (typically 48 hours) to allow for proper cleaning and any and all guidance from NYS DOH will be followed.
13. SportsNet programming will adhere to all CDC compliant group numbers or remain 1:1 during all programs. All participants involved in the program will remain at least 6 feet away from others. Available barriers will be used when necessary (i.e. lane line, plexy glass, etc).
14. When SportsNet program is hosted by a community partner, SportsNet will follow all COVID-19 Regulations set by the community partner in accordance NYS Department of Health as well as continue to follow all CP Rochester's additional COVID-19 policies at program if necessary.

In signing this acknowledgement, I/We understand and agree to abide by all of the requirements that are contained within it. For the safety of all parties involved, I understand that any refusal or inability to follow these requirements will lead to the temporary suspension of onsite participation in the event of a health or safety concern. I understand that the agency has the authority to implement additional precautions and/or increased restrictions necessary to meet program specific and individual specific needs as outlined in OPWDD guidance and local, State and Federal guidelines & by CP Rochester guidelines.

Acknowledgement of this Agreement by Legal Representative (self/legal guardian):

Print Name:	Signature:	Date: