Event Name: Catfish Round Up 2010

Event Date: Saturday September 18, 2010

Disabled Participant Registration Form

Please complete one registration form per participant

Enroll in Catfish Round Up by completing this form. Through the efforts of volunteers from the National Wild Turkey Federation we hope the adventures and challenges that you will experience will provide knowledge and memories to last a lifetime.

Group/Organization Name (if applicable): ____

Participant Name: ____

Address: ___________________________________**E-mail:** ______________________________

City, State, and Zip: ____

Phone: _________________________________ **Cell phone:** _____________________________

Email Address: _______________________________**Age**: ____________ **Sex**: _____________

Emergency contact name: ______________________ **Relationship to you:** ____________________

Emergency phone number: ________________________________ **Day** **or** **Night**

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In order to accommodate your needs and to ensure that you have a successful time at this event, we will need the following information. Provide as much detail as needed.

What is your disability (if you have a spinal cord injury please indicate what level)?

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Do you require the use of assistive devices? If so, please list (manual wheelchair, power wheelchair, walker, prosthesis, etc.) ____

Please list any allergies that we need to be aware of (food, latex, etc.) __________________________

In our attempt to ensure that everyone has a great time please, tell us how many people will be accompanying you _________

Is this your first time participating in (list event activities)? ___ yes ____no

Are you a veteran? _____ yes _____ no

Is this the first time you have attended a Wheelin' Sportsmen event? ____yes ____ no

All participants must sign below (if under 18 or not own guardian - parent or legal guardian must also sign.) The applicant, by signing below, acknowledges this program involves some risk and he/she assumes responsibility for his/her actions and for any injury that may result from participation and also waives and releases all other participants, the host, sponsors, guides, landowners, volunteers, instructors, the National Wild Turkey Federation, officials, and/or other parties involved in the event from all claims and/or damage/injury incurred in connection with this event. In addition, participant grants the sponsors, co-sponsors, and the NWTF the unconditional right to use the name, voice, and photographic likeness of the person listed above, in regards to any of the publications and audio/video productions. In addition, participant grants the NWTF the right to send you email updates about Wheelin' Sportsmen and NWTF news, events and promotions.

_________________________________ / _________________________________ / ____________
Signature of Participant Print Name Date

____ / ____________
Signature of Parent or Legal Guardian (if under 17 or not own guardian) Date

Please send completed form no later than *September 5, 2010* to:

Event Contact Name: Jenifer Glover
Event Contact Address: 16 Forest Hill Ct Wetumpka , Al 36093
Event Contact Email address: jlgallop@southern.com Phone number: 334-850-2808