



**Department of
Veterans Affairs**



2016 Winter Warrior Sports Program Registration Form

*Open to all Military Personnel, active and retired.
VA Health Cards are required.*

Last Name: _____ First name: _____ Middle Init: _____

Address: _____
Street City State Zip

E-mail: _____ DOB: _____

phone (h): _____ phone (w): _____ phone (c): _____

Emergency Contact: _____
Name Relationship Phone

Sport Options: (check box for registration)

TRANSPORTATION TO EVENTS FROM VA HOSPITAL IS AVAILABLE (SEE BELOW).

Pickleball Lessons/Scrimmages

A sport that is tennis, badminton & table tennis all in one. Easier on the body than other court sports.

- Meet 11:30am at Manzano Mesa Multigenerational Center: 501 Elizabeth St. SE Albuquerque, New Mexico 87123, event is 12:30-2:50pm

Saturday	Jan 16	<input type="checkbox"/>
Saturday	Feb 20	<input type="checkbox"/>
Saturday	March 19	<input type="checkbox"/>

Fat Tire Bike Trips

Includes fat tire bike rental, riding instruction, a helmet and guided rides.

- Meet 8:00am at VA Hospital, return 2:00pm: \$45

Monday	Feb 8	<input type="checkbox"/>
Monday	Feb 22	<input type="checkbox"/>

Golf

Golf Center at Balloon Fiesta Park. Bucket of balls and unlimited par 3 walking course play.

- Meet at 9:00am, play at 10:00am

Monday	Jan 11	<input type="checkbox"/>
Monday	Feb 29	<input type="checkbox"/>
Monday	Mar 14	<input type="checkbox"/>

Downhill Skiing and Snowshoe

Winter snow trips to Santa Fe Ski Area! Your choice: snowshoe or ski. Package price includes equipment, transportation and lift ticket – if applicable.

- Meet 7:00am at VA Hospital, return 5:30pm:

Friday	Jan 29	<input type="checkbox"/>
Friday	Feb 5	<input type="checkbox"/>
Friday	Feb 12	<input type="checkbox"/>
Friday	Feb 19	<input type="checkbox"/>

Watch for information coming this spring for the summer sports!

I would like transportation from VA Hospital to my events _____ (initial for yes)

Please be at the VA Hospital 60 minutes prior to "meet" time listed under event.

LIABILITY WAIVER

I, the undersigned participant, hereby agrees to indemnify and hold harmless, the City of Albuquerque, their agents, employees, representatives and assigns, New Mexico Veterans Hospital, from any and all actions, or claims of whatsoever kind or nature which I or my representatives or assigns may have or at any time in the future have as a result of injury arising out of my participation in the Warrior Sports Program. I warrant and represent to the City of Albuquerque, their agents, employees, representatives and assigns, New Mexico Veterans Hospital, that I have prepared myself for the events which I have entered by practicing the same prior to my participation. I warrant and represent that I am physically able to participate in the events I have selected. I know of no physical restrictions which would prohibit my participation in the events I have selected. I have been advised by the City of Albuquerque, their agents, employees, representatives and assigns, New Mexico Veterans Hospital, that it would be in my best interest to consult my physician prior to my preparation in regard to my participation in the Warrior Sports Program. I recognize and understand that the preparation and the participation in the event may necessitate strenuous physical activity, and could possibly activate any unrecognized pre-existing medical disorder which I may have, thereby resulting in serious or life-threatening harm to me.

I agree to the following:

The City of Albuquerque has my permission to have a physician treat me, if needed, during my participation in the events of the Warrior Sports Program. yes no _____ initials

The undersigned does hereby consent to the photographing of the undersigned, and does hereby authorize the City of Albuquerque, Department of Parks and Recreation to cause the same to be exhibited with advertising sponsorship as still photographs, transparencies, vehicle wraps, motion picture film and video tape for use on television, or in other printed and graphic materials.
 yes no _____ initials

The undersigned does hereby release the City of Albuquerque, Department of Parks and Recreation and their associates and assignees from any and all claims for damages for libel, slander, invasion of the right of privacy or any claims based on the use of said material.
 yes no _____ initials

Signature

Date

By completing this registration, I agree to abide by all the rules and regulations of and by the Warrior Sports Program, to observe all rules of play, to exercise good sportsmanship and follow all written and or oral instructions given to me by authorized personnel of the Warrior Sports Program.

How did you learn of this program? _____

**Turn these forms into John Shields at the Veterans Hospital
His contact number is 505-265-1711 ex. 3318**