

AIR POWER GAMES® REGISTRATION FORM

Please complete and return the registration form to the school nurse or CHOC Breathmobile™ office by Saturday, April 3, 2009 to ensure that your child's name is listed in the program. At least one parent/guardian must accompany the child to the event.

CHOC Breathmobile, Attn: Christina Bernal, 455 South Main Street, Orange, CA 92868

***CHILDREN MUST BE DIAGNOSED WITH ASTHMA BY THEIR MEDICAL PROVIDER. ATHLETIC ATTIRE IS REQUIRED FOR ALL PARTICIPANTS. IT IS STRONGLY SUGGESTED THAT CLEARANCE BE OBTAINED FROM THE CHILD'S PHYSICIAN PRIOR TO PARTICIPATING IN THE AIR POWER GAMES®.**

Child's name _____

Attending Parent's/Guardian's Name _____

Address _____

City _____ Zip _____

Phone (daytime) _____ Cell Phone _____

Sex (circle one) M F Child's Birthdate _____ Age on April 18, 2009 _____

Child's T-shirt Size (circle one) XS S M L XL XXL

My child would like to participate in the following events (please mark with a "X")

____ Obstacle Course

____ 50-Meter Dash

____ High Jump (ages 7-14 only)

____ 100-Meter Dash

____ Long Jump

____ 200-Meter Dash

____ Softball Throw

I, _____, hereby grant to Children's Hospital of Orange County, Santa Ana College and the Asthma & Allergy Foundation of America, its constituents and affiliates permission to use my name or my dependent's name, voice, statements, photographs and other reproductions and likenesses. I understand that the above will be used in activities and publications of CHOC Children's, Santa Ana College and the Asthma & Allergy Foundation of America, its constituents and affiliates and consent there to.

Waiver and Release of Liability for Injury

In allowing (print child's name) _____ to participate in the Air Power Games®, I understand and acknowledge that I assume all risk of any kind of injury that my child may receive or sustain as a result of participating in the Air Power Games®. Accordingly, by signing below, I understand that I hereby completely release Children's Hospital of Orange County, the Asthma & Allergy Foundation of America – Southern California Chapter, the state of California, The Trustees of Santa Ana College, and each of their agents, representatives and employees, from liability or responsibility for any and all claims, damages, injuries, losses or causes of action that may result from or arise out of my child's participation in the Air Power Games®.

I consent to my child being photographed, videotaped or interviewed for the purpose of recording the Air Power Games® experience and understand that this may be used for publicity, fundraising or other purposes.

Parent/Guardian Signature

Date _____

Child/Dependent's Name