

# 2011 LOUISIANA GUMBO STATE BOCCIA TOURNAMENT

## NOVEMBER 12 – BATON ROUGE

### ATHLETE ENTRY FORM

PRINT OR TYPE

FIRST NAME: _____		LAST: _____		TELEPHONE NUMBER: (    ) _____	
ADDRESS: _____		CITY: _____		BIRTHDATE: Mo:    Day:    Year: _____	
ZIP: _____		PARISH: _____		SCHOOL: _____	
GRADE: _____		RACE: _____			
AGE ___5 ___6 ___7 ___8 ___9 ___10 ___11 ___12 ___13 ___14 ___15 ___16 ___17 ___18 ___19 ___20 ___21 ___22 ___OVER 22		DIVISION: ___ BANTAM 5-9 ___ JUNIOR 10-14 ___ SENIOR 15-22 ___ MASTER OVER 22		DISABILITY: ___ VISUALLY IMPAIRED ___ NEUROMUSCULAR ___ AMPUTEE ___ SPINAL CORD INJURED ___ CEREBRAL PALSY ___ OTHER (Describe.) _____ _____ WHEELCHAIR USER: ___ YES    ___ NO	
		SEX: ___M ___F		CLASSIFICATION: (Use description below) Classification will determine event to be entered. ___ B1 (GUMBO Classes 1-2 throwers) ___ B3 (GUMBO Class 1 ramp users) ___ B5 (Open division-ALL OTHER GUMBO Classes)	
				T-SHIRT SIZE: (Adult sizes only) ___ S ___ M ___ L ___ XL ___ XXL	
MEDICAL INSURANCE CO: _____ POLICY #: _____ <small>16 Digit Medicaid Number, if applicable</small>		EMERGENCY CONTACT: NAME _____ PHONE _____			

Coach: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Class B1 (Boccia 1):**  
 The student uses a wheelchair (manual or electric) for daily activities. The student has sustained grasp and release action and sufficient functional range of movement to consistently and independently propel a Boccia ball into the court. (*Typically includes the GUMBO athletes classified as 1a, 1b, & 2 (possibly 3) who have limited but functional upper body movement.*)

**Class B3 (Boccia 3):**  
 The student uses a wheelchair (manual or electric) for daily activities. The student has no sustained grasp or release action, but may have arm movement. The student has insufficient functional range of movement to consistently propel the ball into the court. The student requires the use of an assistive device, also known as a ramp to assist with propelling the Boccia ball. Players in this class require an assistant to move the ramp. (*Typically includes the GUMBO athletes classified as 1a, 1b, **without** functional upper body movement.*)

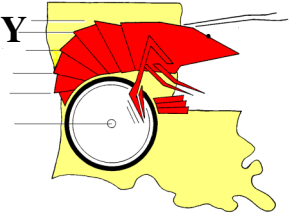
**Class B5 (Boccia 5):**  
 The student has a physical or visual disability and may or may not use a wheelchair for daily activities. All players, in this division must play from a sitting position and are not assisted in any way. The chair may be a wheelchair or a chair furnished by the tournament director. (*Typically includes GUMBO athletes classified as 3-9 and V1-V4\*.*)

*\*Students with visual impairments who have no prior experience in GUMBO competitions, must provide a copy of the current visual acuity with registration.*

Participation in this event makes the athlete & coach members of Paralympic Sports Club Louisiana

Entries must be completed, signed and mailed or faxed to  
 Pam Carey, GUMBO Program Coordinator  
 2840 Suite A Military Hwy  
 Pineville, LA 71360  
 FAX to 318 640-4299  
**Return by Nov. 1 in order to receive a t-shirt**

**PERMISSION TO PARTICIPATE IN  
2011 LOUISIANA GAMES UNITING MIND AND BODY  
GUMBO - BOCCIA**



**RE:** \_\_\_\_\_  
(Participant's Name)

This permission form has been signed only after understanding and considering the following:

**GUMBO:** Includes Track/Field and Boccia competition for students, ages 5-21 years with physical disabilities or visual impairments. Participants will compete against other athletes in the same age and disability classifications. Track and field competition is held each year in Shreveport, New Orleans, Baton Rouge, and Alexandria. The annual Boccia State Tournament will be held in one area of the state each year. Regional Boccia Tournaments may be held in different areas of the state.

**SUPERVISION:** All competition events will be regulated according to the GUMBO handbook, *Official Rules, Policies and Procedures Governing Athletic Competition for the Physically Disabled*. Trained GUMBO officials will supervise all events.

**REQUIREMENTS:** Athletes ages 5 through 21 may participate if eligibility requirements are met. (See eligibility/classification, GUMBO handbook.) Athletes may enter one division of play for individual Boccia in the State Boccia Tournament. Athletes agree to abide by all rules, including the code of conduct outlined in GUMBO handbook.

**EXPECTATIONS AND INSTRUCTIONS:** I understand and appreciate that participation in sports, despite all reasonable precautions implemented for my safety as a participant, carries a risk of **SERIOUS INJURY, INCLUDING AGGRAVATION OF MY DISABILITY**. I also understand and appreciate that controlling that risk is a responsibility that I, as a participant, must share. I agree to abide by any decision by my coaches or of any event official relative to my ability to compete in the events safely. I assume all risks associated with participation in this competition, but not limited to falls, contact with other participants, being struck by objects, the effects of the weather, including heat and/or humidity, my becoming ill, or my suffering any other personal loss while participating in this activity. I understand that alcohol, tobacco, or any illegal drug use will **not** be tolerated at any GUMBO function.

**CONSENT FOR MEDIA REPRODUCTION:** I grant permission to all of the foregoing to use any photographs, motion pictures, recording, or any other record of this event for any legitimate purpose.

**MEDICAL VERIFICATION AND CONSENT:** We, parent and/or guardian and contestant, attest that the applicant is physically able and has sufficiently trained for the competition and that the contestant's physical condition has been verified by a licensed, medical doctor, and that we consent to any need medical treatment for contestant.

**INSURANCE:** I understand that the Department of Education, Division of Special Populations, Louisiana GUMBO Inc., Trinity Lutheran Church, and Families Helping Families at the Crossroads does not or may not carry any insurance relative to the Louisiana Games Uniting Mind and Body (GUMBO), or for the injuries of participants. I represent that the participant has insurance or some type of medical coverage.

**PARENTAL/GUARDIAN CONSENT:** I release and waive, and further agree to identify, hold harmless or reimburse the Department of Education, Division of Educational Improvement and Assistance, GUMBO Inc., Trinity Lutheran Church, Louisiana Elks Association, all sponsors, the individual members, agents, employees and representatives thereof, as well as coaches or supervisors, from and against any claim which I may have, known or unknown, directly or indirectly, for any loss, damages or injuries arising out of, during, or in connections with my child's/my participation in the Louisiana Games Uniting Mind and Body (GUMBO), excepting occurrences resulting from gross negligence and wanton intentional misconduct.

**Signature:** *Parental Signature is Required if under 21 years.*

**Print:**

\_\_\_\_\_  
Signature (Parent/Guardian or Athlete if over 21 years)

Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_  
Date

Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Entries must be completed, signed and mailed or faxed to  
Pam Carey, GUMBO Program Coordinator  
2840 A Military Hwy  
Pineville, LA 71360  
FAX # 318 640-4299