Columbia Basin Disabilities Unlimited

ENROLLMENT FORM

Columbia Basin Disabilities Unlimited (CBDU) is a Tri-Cities based non-profit organization. Our mission is to provide and promote sports and recreational activities for individuals with physical disabilities. Enrollment is open to all individuals regardless of disability. By joining this organization, the participant waives any and all claims for damages and releases Columbia Basin Disabilities Unlimited, officers, representatives, successors, and assigns from any and all injuries which may be suffered in said program.

MEMBER INFORMATION:

Name_____

Address_____
Street Address/Apartment Number City State Zip Code

Phone (Home)_____ **(Work)**_____ **(Cellular)**_____

Email Address_____

SPECIFIC AREAS OF INTEREST (Check all that apply):

___Wheelchair Basketball ___Water Skiing ___Hand-cycling ___Snow Skiing ___Rugby

___Cribbage, Chess, Board Games ___Bowling ___Darts ___Tennis ___Pool

___Other_____

HOW CAN WE HELP YOU? (Need to improve strength/endurance? Let us know)

_____

_____

JOINING FEES: Yearly dues are $20.00 per year. Our regular enrollment month is November, but you are welcome to join at any time.

Please send check or money order to: **Columbia Basin Disabilities Unlimited**
P.O. Box 4243
West Richland, Washington 99353

(Office Use Only…Paid by __Check __Money Order __Cash)

SIGNATURE: I signify my acceptance of the by-laws and waivers of CBDU by signing below.

_____ _____
Member Signature **Date**

_____ _____
Signature of Parent/Legal Guardian if Member is under 18 years of age **Date**