

THE LIGHTHOUSE FOR THE BLIND – ST. LOUIS



2022 GOALBALL APPLICATION

APPLICATION DEADLINE: October 6, 2022

We must have a minimum of 6 to play and will accept a maximum of 10 kids.

Please note: All kids must be age 8-18 years of age to participate and be willing and able to participate in a team sport. All participants will be required to wear a blindfold while playing. (Children that are advised not to participate in contacts sports due to risk of injury should not apply). Players should attend every session. Parents and family members are invited to watch each session. Goalball is sponsored by the Missouri School for the Blind.

Goalball sessions will be held on 10/8, 10/15, 10/22, 10/29 and 11/12 from 9:00 a.m.-10:00 a.m. at Missouri School for the Blind in the gymnasium.

Personal Information:

Name _____

Address _____ City _____ State _____ Zip _____

Mobile Phone _____

Birth Date _____ Age _____ Sex: M F

Parent/Guardian Name _____

Parent/Guardian E-mail address _____

Emergency Contact Information:

Emergency contact: _____ Relationship _____

Phone _____

Visual Classification *(Please check one. If you are not sure, please estimate):*

- B1:** No light perception in either eye up to light perception, but inability to recognize the shape of a hand at any distance or in any direction.
- B2:** From ability to recognize the shape of a hand up to visual acuity of 20/600 and/or a visual field of less than 5 degrees in the best eye with the best practical eye correction.
- B3:** From visual acuity above 20/600 and up to visual acuity of 20/200 and/or a visual field of less than 20 degrees and more than 5 degrees in the best eye with the best practical eye correction.
- B4:** From visual acuity above 20/200 and up to visual acuity of 20/70 and a visual field larger than 20 degrees in the best eye with the best practical eye correction.
- No Visual Impairment**

Any known food allergies we should be aware of: Yes No

If yes, please explain: _____

Are there any health or injury issues we should be aware of: Yes No

If yes, please explain: _____

T-Shirt Size: Youth Medium Youth Large OR

Adult Small Adult Medium Adult Large Adult XL Adult XXL

Tell us about yourself:

Have you participated in any organized sports before? Yes No

If yes, in which sports did you participate?

***All participants must have their own transportation to and from Missouri School for the Blind.**

Parents must disclose ALL necessary information that will allow us to provide a safe environment.

General Liability Waiver:

I, _____, being the parent/legal guardian of _____, do hereby consent to his/her participation in voluntary functions sponsored and/or organized by the Lighthouse for the Blind – St. Louis, or its staff. I understand that he/she is responsible for his/her behavior. I do hereby waive and release, the Lighthouse for the Blind – St. Louis, and their service partners and/or sponsors of any project, event, or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward’s participation in the Lighthouse for the Blind – St. Louis, organized and/or sponsored projects or functions.

COVID 19 Release:

Although precautions may be taken to reduce the likelihood of transmission of COVID-19, there are no promises, guarantees or expectations that my child will not become infected with COVID-19.

By allowing my child to participate in the Goalball Program, I am exposing my child, other persons, and myself to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability, and death.

Release to Seek Medical Treatment*

In the event of a medical emergency, I do hereby consent to the Lighthouse for the Blind – St. Louis releasing my child/ward to the nearest, most appropriate medical professional available. I understand that the Lighthouse for the Blind – St. Louis, will notify me of such an event immediately after they have sought proper medical treatment for my child/ward at the following phone number: _____.

*If your child/ward has a chronic or recurring medical condition, for which emergency treatment is not necessary, please address your child’s/ward’s needs by attaching the information to this application.

Photo Release

I hereby grant permission to use my child’s/ward’s likeness in a photograph in any Lighthouse for the Blind publications, including website entries, without payment or any other compensation. I understand and agree that these materials will become property of the Lighthouse for the Blind – St. Louis, and will not be returned.

By signing below, I indicate that I understand and agree to the items initialed above.

Participant’s Signature

Parent’s/Guardian’s Signature (if under age 18)

Please mail completed application to:

**Lighthouse for the Blind
Attn: Angie Yorke
10440 Trenton Avenue
St. Louis, MO 63132
OR
Email to ayorke@lhbindustries.com**