

# NKF 2008 U.S. TRANSPLANT GAMES – Athlete Registration Form

Please complete one form per registrant and mail to **The Housing Connection; 2008 NKF U. S. Transplant Games; 175 South West Temple, Suite 140; Salt Lake City, UT 84101-1406; 801-355-0250 FAX.** All athletes are required to complete an athlete registration form. Please type or print using blue or black ink. Faxed and mailed registrations are subject to a \$10 Processing Fee. Please visit our website at [www.transplantgames.org](http://www.transplantgames.org) where you can register online with no additional processing fees. **REGISTRATION DEADLINE: June 5, 2008**

## 1. PERSONAL INFORMATION

I am attending the Games primarily as an athlete.

Additional Attendee Type(s): (Mark all that apply)

Donor Family  Living Donor  Professional

Prefix	First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Professional Title/Credentials

Organization/Company

Mailing Address

City	State	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone (Day)	(Eve)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Fax	Email
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>

Gender	Birth Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
M/F	Month Day Year

T-Shirt Size  
 Adult:  Small  Medium  Large  X-Large  2X-Large  
 Child:  Small  Medium  Large

Team Name

## 2. GENERAL WAIVER

I, the undersigned, certify I am 18 years of age or older and that I am entering into this Agreement on behalf of myself or as the Parent of a participant or as authorized Legal Guardian for another minor that is under 18 years of age ("Ward") identified above.

In consideration of my or my child or Ward's participation in the NKF 2008 U.S. Transplant Games (the "Event") presented by National Kidney Foundation and sponsored by Novartis Pharmaceuticals, I agree on my behalf or on behalf of my child or Ward to assume the risks incidental to such participation (which risks may include, among other things, physical injury related or unrelated to their present health condition and/or related to all travel, lodging and non-participatory activities incidental to such Event) and, on my own behalf or on behalf of my child or Ward, and on behalf of my or my child or Ward's heirs, executors and administrators, release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my or my child or Ward's participation in such activity, and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, all attorney's fees and disbursements. For this Event, the released parties are the National Kidney Foundation, David L. Lawrence Convention Center, University of Pittsburgh, all Event sponsors, volunteers, officials, venues, and providers, their parent, related and affiliated companies, and the officers, directors, employees, agents, representatives, successors and assigns of each of the foregoing entities. I UNDERSTAND THAT THIS RELEASE AND INDEMNITY AGREEMENT INCLUDES ANY CLAIMS BASED ON THE NEGLIGENCE, ACTION OR INACTION OF ANY OF THE ABOVE RELEASED PARTIES AND COVERS BODILY INJURY (INCLUDING DEATH) AND PROPERTY LOSS OR DAMAGE, WHETHER SUFFERED BY ME OR MY CHILD OR WARD, BEFORE, DURING OR AFTER SUCH PARTICIPATION. I declare that I or my child or Ward am or is physically fit and have or has the skill level required to participate in this particular event and have based this representation on a physician's medical advice or my decision to knowingly proceed in the absence of such advice. I further authorize medical treatment for myself or my child or Ward, at my cost, if the need arises. If I or my child or Ward is an athlete, I understand and agree that my physician or his agent may provide personal health information (PHI) to the organizers of the NKF U.S. Transplant Games. I understand that this information will be kept confidential and will only be used to determine my or their eligibility to participate in the Games and to provide medical assistance to me or my child or Ward if necessary, and will not be shared with any person or organization except for the purposes as specified above. I understand that the name and logo(s) of the NKF U.S. Transplant Games are trademarks and the intellectual property of the National Kidney Foundation, Inc. and that any unauthorized use of the NKF U.S. Transplant Games name and logo(s) without written consent of the National Kidney Foundation, Inc. is prohibited and may be subject to civil and criminal penalties under the laws of the United States. I further understand that I agree not to otherwise grant commercial advertising rights connected with my or my child or Ward's participation in the Games. I further grant the National Kidney Foundation and all Event sponsors, their parents, related and affiliated companies, the right to photograph and/or videotape me or my child or Ward and further to use my or my child or Ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation, although I understand that there is no obligation to exercise said rights herein granted. This Agreement shall be governed by the laws of the State of Pennsylvania, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the United States District Court for the Western District of Pennsylvania or the state courts of Pennsylvania in and for the Third (Allegheny County, Pennsylvania) Judicial District. I have fully read and understand and agree to the above terms:

Signature of Registrant (or Parent or Legal Guardian of Ward)

Date

Name of Registrant \_\_\_\_\_

### 3. SPECIAL NEEDS AND EMERGENCY CONTACT INFORMATION

Name of person to contact (Not Traveling with You)	Relationship	Emergency Contact Phone
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

ADA Special Needs

### 4. TRANSPLANT INFORMATION

Type of Organ Received (Mark all that apply)	Donor Type (Mark all that apply)
<input type="checkbox"/> Bone Marrow <input type="checkbox"/> Heart <input type="checkbox"/> Heart/Lung <input type="checkbox"/> Intestine <input type="checkbox"/> Kidney	<input type="checkbox"/> Deceased Donor <input type="checkbox"/> Living Donor
<input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Double Lung <input type="checkbox"/> Pancreas <input type="checkbox"/> Pancreas/Kidney	
<input type="checkbox"/> Other, Please Specify: _____	

Date of (most recent) Transplant	Full Name Transplant Center
<input type="text"/>	<input type="text"/>

Full Name Transplant Surgeon	Telephone Number
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

### 5. MARKETING PREFERENCES

For your convenience, you can sign up to receive news and information related to the U.S. Transplant Games, as well as promotions, surveys and other marketing communications from the National Kidney Foundation and its partners. Your responses below will allow you to designate from whom you receive information and how you receive it. (Note: You will still receive registration and housing acknowledgements and confirmations from The Housing Connection, despite your elections below.)

\* Please send communications from the National Kidney Foundation:

\_\_\_ to my email and/or postal address      \_\_\_ to my email address only  
\_\_\_ to my postal address only

\* Please send communications directly from selected National Kidney Foundation partners:

\_\_\_ to my email and/or postal address      \_\_\_ to my email address only  
\_\_\_ to my postal address only                      \_\_\_ None

### 6. REGISTRATION PAYMENT INFORMATION

**Registration fees are non-refundable and non-transferable. REGISTRATION DEADLINE: June 5, 2008**

**Athlete Registration Fees:**  
(Includes a \$10 Processing Fee for Faxed or Mailed Registrations)  
**Early Bird - \$100** thru March 15<sup>th</sup>      **Standard - \$130** March 16<sup>th</sup> – April 30<sup>th</sup>      **Late - \$160** after May 1<sup>st</sup>

1. Payment by Check: All checks must be made **payable to NKF/The Housing Connection**. Returned checks will subject to a \$25 fee.
2. Payment by Credit Card: American Express, MasterCard, VISA, Discover, and Diner's Club will be accepted.

Check Number	Credit Card Number	Expiration Date
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>

Customer Card ID Number  
 The Customer Card ID Number (CID or CVV2) is a three or four digit number that is unique to each card. This number is printed on the back of Visa and MasterCard cards and is embossed on the front of American Express Cards.

**By signing below, I agree to pay the total of all selections above according to the card issuer's agreement. Should I cancel my registration, I also agree to pay any cancellation or change fee I incur in accordance with the cancellation policy above.**

Amount Enclosed  
\$  .

\_\_\_\_\_  
Signature of Cardholder (Required for All Payments By Credit Card)

Name of Registrant \_\_\_\_\_

### 7. ATHLETE REGISTRATION INFORMATION

Mark the events that you wish to enter – up to four (4) events, in addition to the 5K Road Race, Team Golf, 3-on-3 Basketball, Volleyball and/or the swimming and track relay events. Athletes may not enter multiple sports that take place at conflicting times on the same day. PLEASE CHECK THE SCHEDULE FOR SPORT CONFLICTS. Note that specific event times below are tentative and subject to change. For relays and team events (including doubles in tennis and bowling), partners must be part of the same local team.

Athletes will compete by gender in the following age groups: 17-and-under, 18-29, 30-39, 40-49, 50-59, 60-69 and 70-and-over. Age categories are determined by the competitor's age on the day of Opening Ceremonies. A separate heat or bracket will be held for each age group if eight or more individuals compete. If fewer than eight individuals fall into an age category (or in other special cases), age groups may be combined in the interests of competition and meet management; however, combining age groups does not affect the awarding of medals. In bowling, 5K road race, cycling, swimming and track and field, special competitions will be held for athletes under 15 years of age (subcategories 2-5, 6-8, 9-11, and 12-14). Only children 14 and under will be permitted to compete in the, Swimming 25m, Cycling 1K and Track & Field 50m. Competitors 15 years and older will be permitted to compete in the Track and Field 100m event. In doubles events that have competitions by age groups, teams with members in different age categories will be classified in the younger age group. If one of the players falls into the junior age group, the team will play in the adult age group.

All events have a maximum number of competitors. Entries will be processed on a first-come, first-served basis. When the maximum number is reached, no additional entries will be allowed in that event. Athletes may not enter events that take place at the same time (except field events contested cafeteria style). Failure of an athlete to appear at any event when called may result in the athlete being scratched or eliminated from that competition. There will be no appeal of any disqualification for failure to appear. Team Managers make the final decision about team sport and relay entries. After June 5th, you will NOT be able to add an additional event if you have selected a team/relay events and are not chosen to compete by your Team Manager.

### 8. SPORTS

<b>VIRTUAL</b>	<b>Virtual Triathlon</b>				<b>ADDITIONAL SPORT INFORMATION:</b>			
	<input type="checkbox"/> I would like to participate in the Virtual Triathlon. By checking this box, I am entering three (3) events-- the 5K Road Race, 400 meter freestyle swim and the 20K cycling. (Note: The combination of these three events as the Virtual Triathlon does not constitute a fourth event.)							
<b>SATURDAY</b> July 12 <sup>th</sup>	<b>Swimming</b> <input type="checkbox"/> 400 Free <input type="checkbox"/> 100IM				Golf Handicap _____ GHIN# _____  Tennis Doubles Partner _____  Bowling Doubles Partner _____			
<b>SUNDAY</b> July 13 <sup>th</sup>	<b>5K Road Race</b> <input type="checkbox"/> 5K	<b>Basketball</b> <input type="checkbox"/> 3-on-3 (preliminaries)  <i>Teams advancing to finals will also compete on Monday, July 14th</i>	<b>Bowling</b> Select one: <input type="checkbox"/> Same Gender <input type="checkbox"/> Mixed Gender	<b>Racquetball</b> <input type="checkbox"/> Singles	<b>Swimming</b> <input type="checkbox"/> 25 Free (Child) <input type="checkbox"/> 100 Free <input type="checkbox"/> 50 Free <input type="checkbox"/> 100 Fly <input type="checkbox"/> 50 Fly <input type="checkbox"/> 100 Back <input type="checkbox"/> 50 Back <input type="checkbox"/> 100 Breast <input type="checkbox"/> 50 Breast <input type="checkbox"/> 4X50 Free Relay <input type="checkbox"/> 4X50 Medley <input type="checkbox"/> 200 Free Relay	<b>Table Tennis</b> <input type="checkbox"/> Singles	<b>Cycling</b> <input type="checkbox"/> 1K (Child) <input type="checkbox"/> 5K <input type="checkbox"/> 20K	
<b>MONDAY</b> July 14 <sup>th</sup>	<b>Basketball</b> <input type="checkbox"/> 3-on-3 (finals)	<b>Badminton</b> <input type="checkbox"/> Singles	<b>Golf</b> <input type="checkbox"/> Singles	<b>Track and Field</b>			<b>Tennis</b> <input type="checkbox"/> Singles	
				<input type="checkbox"/> 50m (Child) <input type="checkbox"/> 100m <input type="checkbox"/> 200m <input type="checkbox"/> 400m <input type="checkbox"/> 800m <input type="checkbox"/> 1500m Run <input type="checkbox"/> 1500m Racewalk	<input type="checkbox"/> 4X100 Relay (Men) <input type="checkbox"/> 4X100 Relay (Women) <input type="checkbox"/> 4X400 Relay (Men) <input type="checkbox"/> 4X400 Relay (Women)	<input type="checkbox"/> High Jump <input type="checkbox"/> Long Jump <input type="checkbox"/> Discus <input type="checkbox"/> Softball Throw <input type="checkbox"/> Shot Put		
<b>TUESDAY</b> July 15 <sup>th</sup>	<b>Golf</b> <input type="checkbox"/> Team	<b>Bowling</b> <input type="checkbox"/> Singles	<b>Tennis</b> Select one: <input type="checkbox"/> Same Gender <input type="checkbox"/> Mixed Gender	<b>Volleyball</b> <input type="checkbox"/> Team				

Name of Registrant \_\_\_\_\_

**9. GENERAL EVENTS – Open To ALL Games Attendees**

Please indicate if you will be attending any of the events listed below.

**SUNDAY, JULY 13<sup>TH</sup>**

YES NO

- Donor Recognition Ceremony 2:00 PM – 4:00 PM
- Coffee House 8:00 PM – 11:00 PM
- Social Lounge 8:00 PM – 11:00 PM

**MONDAY, JULY 14<sup>TH</sup>**

YES NO

- Living Donor Recognition Event 3:00 PM – 4:30 PM
  - Quilt Pinning Ceremony 8:00 PM – 11:00 PM
- If yes, please indicate if you will be bringing a quilt square:*  
 Yes  No

**10. SURVEY (Optional)**

To help us learn more about you and to serve you better, please complete the following survey. Any and all of the questions are optional, however your feedback assists us in gathering attendee demographic information to gain more sponsor support for the Games and its participants.

**Please select year(s) that you have previously attended the Games:**

- First Time Attendee  2006  2004  2002  2000  1998  1996  1994  1992  1990

**How are you planning to get to Pittsburgh?**

- By plane  By car  By train  By bus  Other: \_\_\_\_\_

**Will this be your first time visiting Pittsburgh, Pennsylvania?**

- Yes, and I have always wanted to visit.
- Yes, and I am going because of the Games.
- No, and I am excited to return.
- No, and I am returning because of the Games

**In which products and services are you most interested in for maintaining a healthy lifestyle?**

- Physical Fitness  Diet And Nutrition  Recreation  Medications And Supplements  Physical Appearance  Health Education
- Insurance  Employment  Mental Health  Pregnancy  Family/Relationships

**What medications and/or supplements do you currently take? [Check all that apply]**

- Multivitamin
- Other vitamins/mineral supplements
- Acetaminophen
- Aspirin
- Ibuprofen
- Antacids
- Nutritional Supplement Drinks
- Statins (Cholesterol lowering)
- Antihypertensives (Blood pressure controlling)
- Diuretics (Urine inducing)
- Other: \_\_\_\_\_

**If you have had an organ transplant, what immunosuppressive medication(s) are currently taking?**

- Neoral/Sandimmune (cyclosporine)  Prograf (tacrolimus)  Rapamune (sirolimus)  CellCept (mycophenolate mofetil)
- Zenapax (daclizumab)  Gengraf (cyclosporine)  Imuran (azathioprine)  Other: \_\_\_\_\_

**What is your race/ethnicity? (Mark all that apply)**

- American Indian and Alaska Native  Asian  Black or African-American  Native Hawaiian and Other Pacific Islander
- White or Caucasian  Hispanic or Latino  Some other race/ethnicity, please specify: \_\_\_\_\_

**What is the highest level of education you have completed?**  Elementary School  High School  Technical School

- Some College-no degree  College Degree  Masters or Ph.D.  Medical Doctor  Other: \_\_\_\_\_

**Which of the following best describes your occupation?**  Senior management  Other management  Professional  Technical

- Sales  Education  Homemaker/full-time parent  Student  Retired  Not employed  Other \_\_\_\_\_

**What is your total household income?**  Under \$25,000  \$25,000-\$49,999  \$50,000-\$99,999  \$100,000-\$149,999  \$150,000+

**What is your current marital status?**  Single-never married  Single-previously married  Married  Widowed

**11. DONOR TRIBUTES (Optional)**

Donor Families and family members/friends of Living Donors are invited to submit a written tribute to their loved ones who gave the gift of life. Tributes will be published in the 2008 NKF U.S. Transplant Games Souvenir Program. Tributes must be 300 characters or less. Tributes exceeding the limit will be edited.

Note that only one tribute can be submitted per donor. Please work with other family members and/or friends attending the Games to write one tribute for your loved one. If your family has already submitted a tribute, or you would like to submit a tribute later, please click "Continue" at the bottom of this page to skip this section. All tributes must be received by June 5, 2008.

**Select One:**

- I am a Donor Family member, writing a tribute for a loved one who donated organs or tissues at the time of death.
- I am a family member/friend of a Living Donor, writing a tribute to a Living Donor who will be attending the Games.
- Other. I would like to submit a tribute, but don't fit into either of the categories above. (If so, please do not complete this form. Please visit our website at [www.transplantgames.org](http://www.transplantgames.org) to write an online tribute.)

**This tribute is for a:**

- Deceased Donor
- Living Donor  
Select the organ(s) given:  Kidney  Part of Liver  Part of Lung  Pancreas or Islet Cell  Bone Marrow/Blood Stem Cells

**I am the donor's:**

- Mother
- Father
- Brother
- Sister
- Husband
- Wife
- Daughter
- Son
- Uncle
- Aunt
- Cousin
- Friend
- I am the recipient
- I am the living donor
- Other: \_\_\_\_\_

**Donor's Date of Birth**

Month		Day		Year			

**Donor's Date of Death (if applicable)**

Month		Day		Year			

**THE FOLLOWING INFORMATION WILL BE PRINTED IN THE 2008 NKF U.S. TRANSPLANT GAMES SOUVENIR PROGRAM. PLEASE WRITE THE INFORMATION EXACTLY AS YOU'D LIKE IT TO APPEAR IN THE PROGRAM:**

<b>Donor First Name</b>	<b>Middle</b>	<b>Donor Last Name</b>	<b>Suffix</b>

**Family (names of any family/friends who wish to be listed with this tribute – including yourself. For example, "The Hall Family" or "Mom, Dad and Kelly"):**

\_\_\_\_\_

**Tribute (300 characters max):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please contact Registration and Housing Headquarters if you have any questions regarding registration or housing:  
 Phone (866) TX-GAMES, E-mail [transplantgames@housingregistration.com](mailto:transplantgames@housingregistration.com) or Fax 801-355-0250.  
 Business hours are 7 AM to 6 PM, Mountain Standard Time.  
 The Housing Connection; 175 S West Temple Suite 140; Salt Lake City, UT 84101;  
 Attn: NKF 2008 U. S. Transplant Games