

THE LIGHTHOUSE FOR THE BLIND & MINDSEYE ADAPTIVE ATHLETICS



ADAPTIVE SPORTS ADVENTURE DAY For Blind & Visually Impaired Youth September 12, 2026

APPLICATION DEADLINE: August 12, 2026 (or earlier if capacity is reached).

A fun, active day for blind and visually impaired youth ages 10–21. Participants will try beepball, goalball, archery, and tandem biking while meeting new friends in a supportive, inclusive environment. The event takes place at Webster University’s University Center from 8:30 a.m. to 3 p.m. **All participants must be independent (eating and toileting).**

Personal Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Age on September 12, 2026: _____

Parent /Guardian Name: _____

Phone: _____

Parent/Guardian Email Address: _____

Emergency Contact Information

Emergency contact: _____ Relationship: _____

Phone: _____

T-Shirt Size: **Adult T-Shirt** S M L XL XXL **OR** **Youth T-Shirt** S M L

Participant Information

Participant's Visual Impairment Diagnosis: _____

Description of what the participant CAN see: _____

Any known food allergies: Yes No

If yes, please explain: _____

Any known allergies to plants, bees, outdoors, etc: Yes No

If yes, please explain and let us know if the participant will require any assistance:

Are there any health or injury issues: Yes No

If yes, please explain: _____

Can the participant play contact sports? : Yes No

If no, please explain _____

Tell us about yourself

Have you participated in any organized sports before? Yes No

If yes, in which sports did you participate?

Have you ever participated in any sports competitions? Yes No

Medical Emergencies and Emergency Medications

Medical Information (for emergency use only): ***What is your child's legal/medical sex as listed on their health records?*** Male Female

Parents should give all routine medications **before arrival** whenever possible.

Does your child require any emergency medications during the event? Yes No

If YES, please provide the following details:

- Medication name
- Reason for use
- Dosage and instructions
- Additional safety information

Important Details

All campers must have their own transportation to and from Webster University.

Arrival/departure location: University Center at Webster University, 175 Edgar Road, St. Louis, MO 63119

Arrival: September 12, 2026, 8:30 am

Departure: September 12, 2026, 3:00 pm

Campers must:

1. Have a visual impairment.
2. Display behaviors that allow them to participate in a group setting that does not adversely affect other group members:
 - No kicking, biting, or hitting.
 - No defiant behavior (including refusing to stand in a line, participating in activities)
3. Not possess a medical problem that requires a nurse for supervision.
4. **Parents must disclose ALL necessary information that will allow us to provide a safe environment for the day. This includes ANY issues that may arise behaviorally or medically.**

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. I understand that he/she is responsible for his/her behavior. I do hereby waive and release the Lighthouse for the Blind – St. Louis, MindsEye, their service partners (including schools) 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 Lighthouse for the Blind – St. Louis, and /or functions.

Transportation Liability Waiver:

I do hereby consent to The Lighthouse for the Blind – St. Louis providing transportation (in commercially procured and private vehicles) for my child/ward if necessary. I do hereby waive and release the Lighthouse for the Blind – St. Louis, their service partners and/or sponsors of any project or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward’s involvement in transportation services provided by the Lighthouse for the Blind – St. Louis.

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 in the appropriate area of 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 OR MindsEye publications, including website entries and social media, without payment or any other compensation. I understand and agree that these materials will become the property of the Lighthouse for the Blind – St. Louis and MindsEye 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 email your completed application to ayorke@lhbindustries.com OR Mail to: Lighthouse for the Blind, Attn: Angie Yorke, 10440 Trenton Avenue, St. Louis, MO 63132

You will receive an email confirmation after we have received your application. If you do not receive a notification from us, please call us to ensure your child is included. Applications have previously been lost in the mail. For additional information, contact: ayorke@lhbindustries.com OR (314) 423-4333 ext. 132.