

# Omaha Power Soccer Club Registration Form



**OMAHA  
POWER SOCCER  
CLUB**

**WHEN:** June 15th - July 20th

**TIME:** Tuesdays 6-8 pm

**WHERE:** Great Plains PVA, 7612 Maple Street, Omaha

## COVID-19 Safety Precautions

- Masks will be mandatory for all participants, volunteers, and spectators.
- Social distancing will be followed as much as possible.
- Hand sanitizer will be provided.
- Bring your own water bottle.
- Self monitor for symptoms.
- Follow CDC guidelines.



A program of

**Paralyzed Veterans  
of America**

Great Plains Chapter

For safety reasons, no cords  
or bags of any kind can  
hang from the wheelchair.

## Omaha Power Soccer Club Registration Form:

Please return to Amanda at Great Plains PVA, 7612 Maple St., Omaha, NE 68134 or [vazquez@greatplainspva.org](mailto:vazquez@greatplainspva.org).

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

If under 18, Parent/Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Tshirt Size: \_\_\_\_\_ Make/Model of Wheelchair: \_\_\_\_\_

Type of Foot Rest:  Swing Away  Center Post  Other: \_\_\_\_\_

What is your favorite way to communicate? : \_\_\_\_\_

Dietary Restrictions (Snacks To-Go): \_\_\_\_\_

Favorite animal/cartoon character: \_\_\_\_\_

I give permission for the free use of my, or my child's, name and/or picture in any form of print or electronic media of Paralyzed Veterans of America Great Plains Chapter and its Omaha Power Soccer Club. I hereby release and hold harmless the Paralyzed Veterans of America Great Plains Chapter, its officers, directors, employees, volunteers, and affiliates from all liability for personal injury and property damage which I, or my child, may suffer by participating in the Omaha Power Soccer Club.

In case of medical emergency, I give my permission for Paralyzed Veterans of America Great Plains Chapter to arrange for transportation for me, or my child, to the nearest medical facility to receive treatment.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_