

Using Adobe Acrobat Professional to

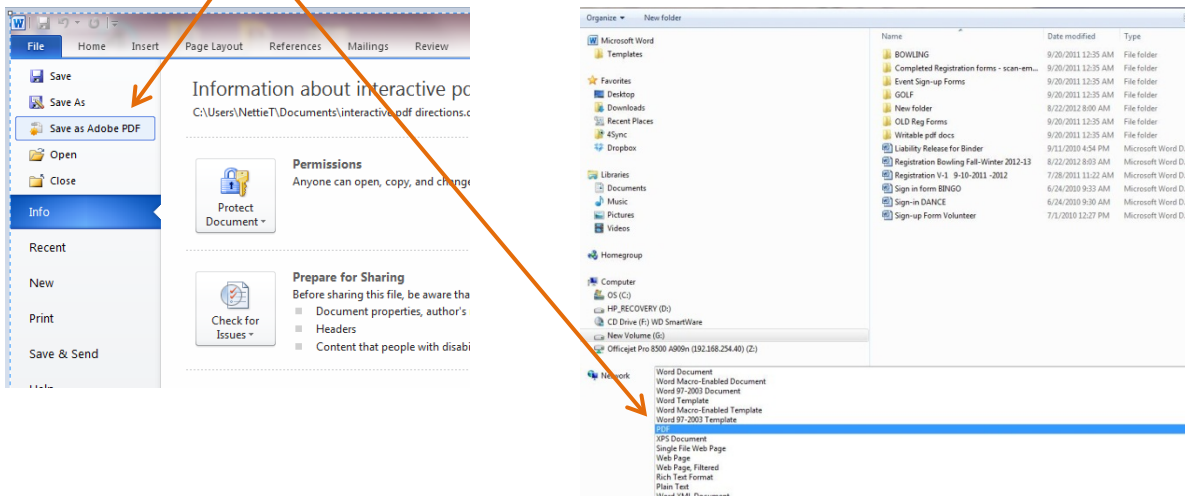
Create an interactive PDF form file that is accessible with the FREE Adobe Reader

Step 1: Create you document, i.e., in Word and save in an easily accessible location as a “Document name -Working File”

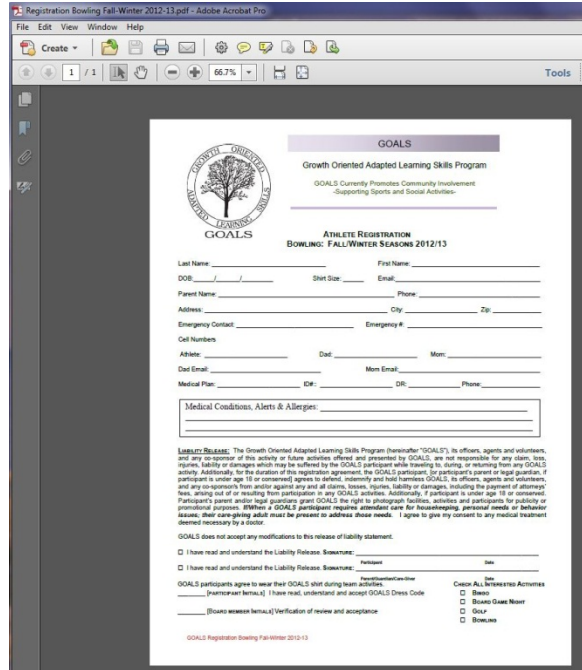
(I save the file to my desktop for easy access and transfer to the target file folder on my hard drive when finished)

The image shows a Microsoft Word document titled "GOALS ATHLETE REGISTRATION DOWLING: FALL/WINTER SEASONS 2012/13". The document features a logo for "GOALS" (Greater Oriented Adapted Learning Skills Program) and a registration form. The form includes fields for "Last Name", "First Name", "DOB", "Sex", "Email", "Parent Name", "Phone", "Address", "City", "Zip", "Emergency Contact", "Emergency #", "Cell Number", "Apt/Condo", "Date", "Sign", "Cell Email", "Main Email", "Medical Plan", "City", "State", and "Phone". Below the form is a "Medical Conditions, Alerts & Allergies" section. A "LIABILITY RELEASE" section follows, containing a detailed disclaimer and checkboxes for "I have read and understand the Liability Release. I acknowledge..." and "GOALS participants agree to wear their GOALS shirt during team activities...".

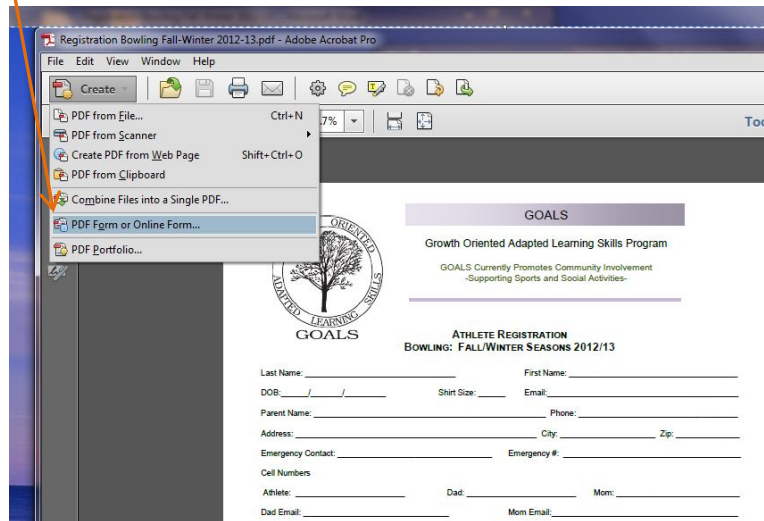
Step 2: Save as pdf file (two file Save As options)



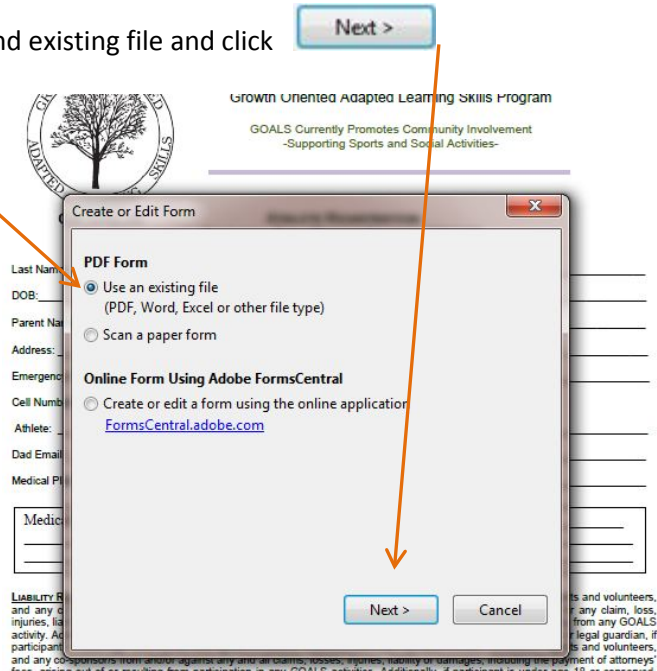
Step 3: View of the document saved as pdf



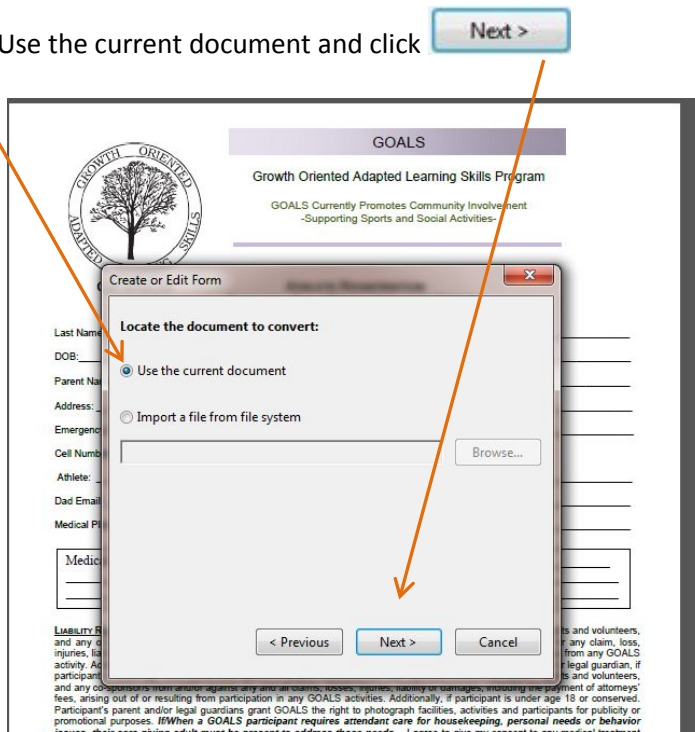
Step 4: Select Create PDF form or Online Form from dropdown menu



Step 5: Select default – Use and existing file and click



Step 6: Select Use the current document and click



Step 7: The document visual with interactive text boxes inserted, select

OK

GOALS
Growth Oriented Adapted Learning Skills Program
GOALS Currently Promotes Community Involvement
-Supporting Sports and Social Activities-

ATHLETE REGISTRATION
BOWLING: FALL/WINTER SEASONS 2012/13

Last Name: [Last Name] First Name: [First Name]
DOB: [DOB] Parent Name: [Parent Name]
Address: [Address] Emergency: [Emergency]
Cell Number: [Cell Number] Athlete: [Athlete]
Dad Email: [Dad Email] Medical: [Medical]
Medical Conditions Alerts: [Medical Conditions Alerts]

Form Editing

You are in Form Editing Mode. To access more Acrobat tools choose "Close Form Editing" in the right hand pane.

Acrobat searched through "Registration Bowling Fall-Winter 2012-13.pdf" and automatically detected the form fields.

Don't show again

OK

LIABILITY RELEASE: The Growth Oriented Adapted Learning Skills Program (hereinafter "GOALS"), its officers, agents and volunteers, and any co-sponsor of this activity or future activities offered and presented by GOALS, are not responsible for any claim, loss, injuries, liability or damages which may be suffered by the GOALS participant while traveling to, during, or returning from any GOALS activity. Additionally, for the duration of this registration agreement, the GOALS participant, (or participant's parent or legal guardian, if participant is under age 18 or conserved) agrees to defend, indemnify and hold harmless GOALS, its officers, agents and volunteers, and any co-sponsors from and/or against any and all claims, losses, injuries, liability or damages, including the payment of attorneys' fees, arising out of or resulting from participation in any GOALS activities. Additionally, if participant is under age 18 or conserved, Participant's parent and/or legal guardians grant GOALS the right to photograph facilities, activities and participants for publicity or promotional purposes. *If/When a GOALS participant requires attendant care for housekeeping, personal needs or behavior issues, their care-giving adult must be present to address those needs.* I agree to give my consent to any medical treatment deemed necessary by a doctor.

GOALS does not accept any modifications to this release of liability statement.

I have read and understand the Liability Release. SIGNATURE: [GOALS does not accept any modifications to this r] Date: [Date]

I have read and understand the Liability Release. SIGNATURE: [Parent/Guardian/Care-Giver] Date: [Date]

GOALS participants agree to wear their GOALS shirt during team activities.

DARTT [PARTICIPANT INITIALS] I have read, understand and accept GOALS Dress Code

BOARL [BOARD MEMBER INITIALS] Verification of review and acceptance

CHECK ALL INTERESTED ACTIVITIES

BINGO
 BOARD GAME NIGHT
 GOLF
 BOWLING

GOALS Registration Bowling Fall-Winter 2012-13

Step 8: Review document and select text boxes to modify and/or delete.

GOALS
Growth Oriented Adapted Learning Skills Program

GOALS Currently Promotes Community Involvement
~~Supporting Sports and Social Activities~~
Supporting Sports and Social Activities

GOALS
ATHLETE REGISTRATION
BOWLING: FALL/WINTER SEASONS 2012/13

Last Name: [Last Name] First Name: [First Name]
DOB: [DOB] [undef] [undefin] Shirt Size: [Shirt] Email: [Email]
Parent Name: [Parent Name] Phone: [Phone]
Address: [Address] City: [City] Zip: [Zip]
Emergency Contact: [Emergency Contact] Emergency #: [Emergency]
Cell Numbers
Athlete: [Athlete] Dad: [Dad] Mom: [Mom]
Dad Email: [Dad Email] Mom Email: [Mom Email]
Medical Plan: [Medical Plan] ID#: [ID] DR: [DR] Phone: [Phone_2]

Medical Conditions, Alerts & Allergies: [Medical Conditions Alerts Allergies 1]
[Medical Conditions Alerts Allergies 2]
[Medical Conditions Alerts Allergies 3]

LIABILITY RELEASE: The Growth Oriented Adapted Learning Skills Program (hereinafter "GOALS"), its officers, agents and volunteers, and any co-sponsor of this activity or future activities offered and presented by GOALS, are not responsible for any claim, loss, injuries, liability or damages which may be suffered by the GOALS participant while traveling to, during, or returning from any GOALS activity. Additionally, for the duration of this registration agreement, the GOALS participant, [or participant's parent or legal guardian, if participant is under age 18 or conserved] agrees to defend, indemnify and hold harmless GOALS, its officers, agents and volunteers, and any co-sponsor/s from and/or against any and all claims, losses, injuries, liability or damages, including the payment of attorneys' fees, arising out of or resulting from participation in any GOALS activities. Additionally, if participant is under age 18 or conserved. Participant's parent and/or legal guardians grant GOALS the right to photograph facilities, activities and participants for publicity or promotional purposes. *If/When a GOALS participant requires attendant care for housekeeping, personal needs or behavior issues; their care-giving adult must be present to address those needs.* I agree to give my consent to any medical treatment deemed necessary by a doctor.

GOALS does not accept any modifications to this release of liability statement.

I have read and understand the Liability Release. SIGNATURE: [GOALS does not accept any modifications to this r] Participant Date

I have read and understand the Liability Release. SIGNATURE: [] Parent/Guardian/Care-Giver Date

GOALS participants agree to wear their GOALS shirt during team activities.

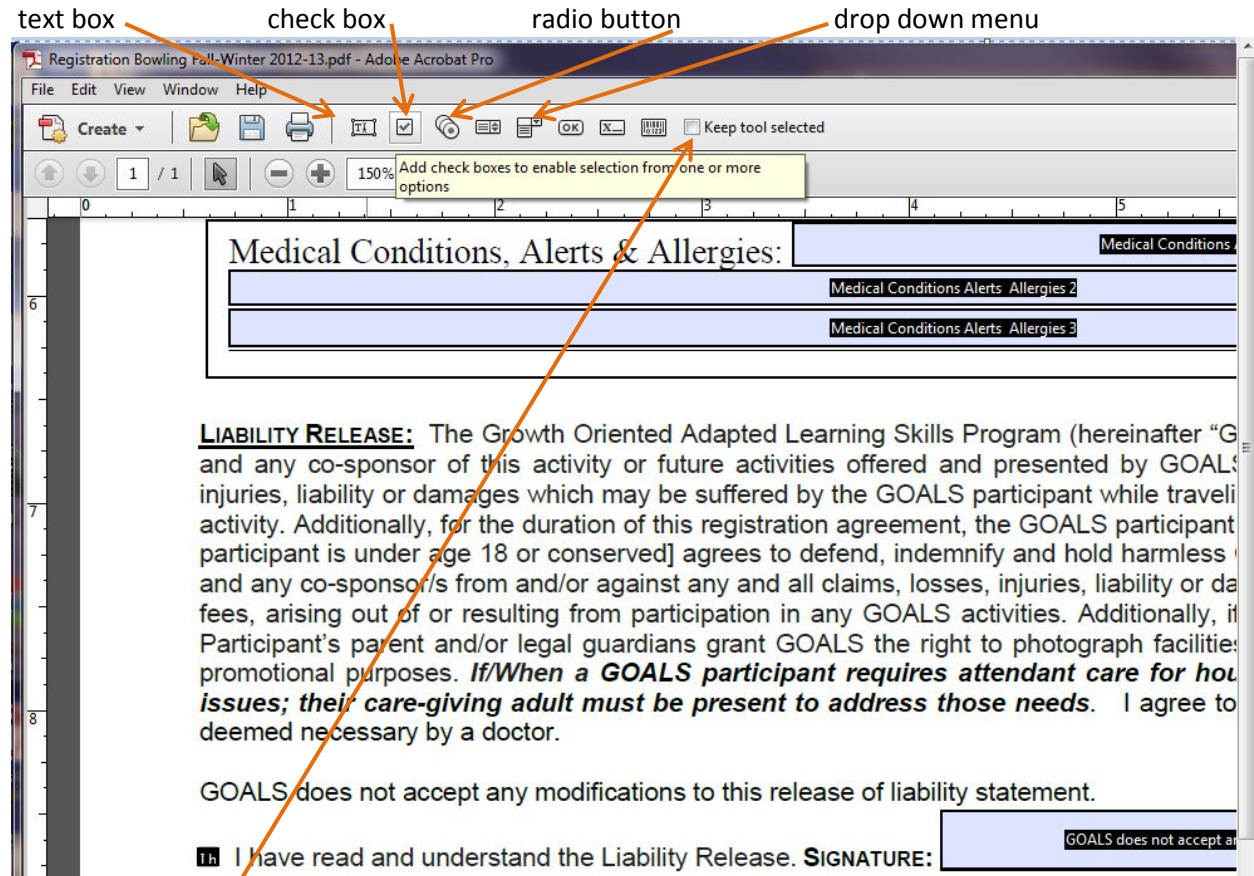
DARTT [PARTICIPANT INITIALS] I have read, understand and accept GOALS Dress Code

BOARE [BOARD MEMBER INITIALS] Verification of review and acceptance

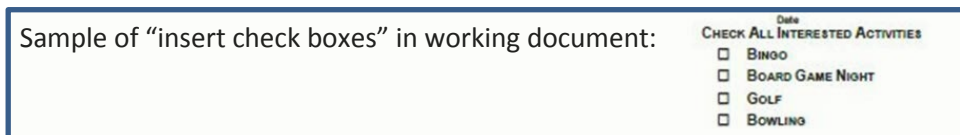
CHECK ALL INTERESTED ACTIVITIES
 BINGO
 BOARD GAME NIGHT
 GOLF
 BOWLING

GOALS Registration Bowling Fall-Winter 2012-13

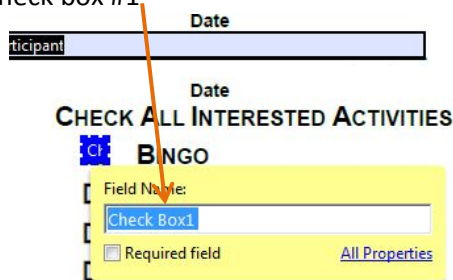
Step 9: Insert desired options, for example:



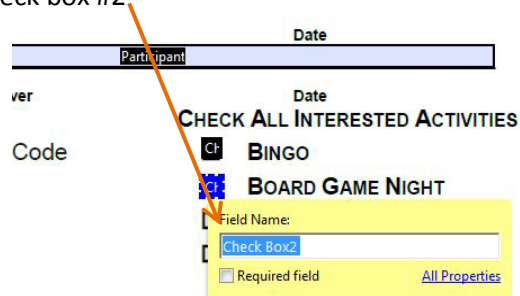
IMPORTANT: When adding options DO NOT copy paste; this will create cells that duplicate input options to the cells when you use the paste option. Each cell must be created individually. Select and check the "Keep tool selected" box if you want to create similar, multiple cells.



Check box #1

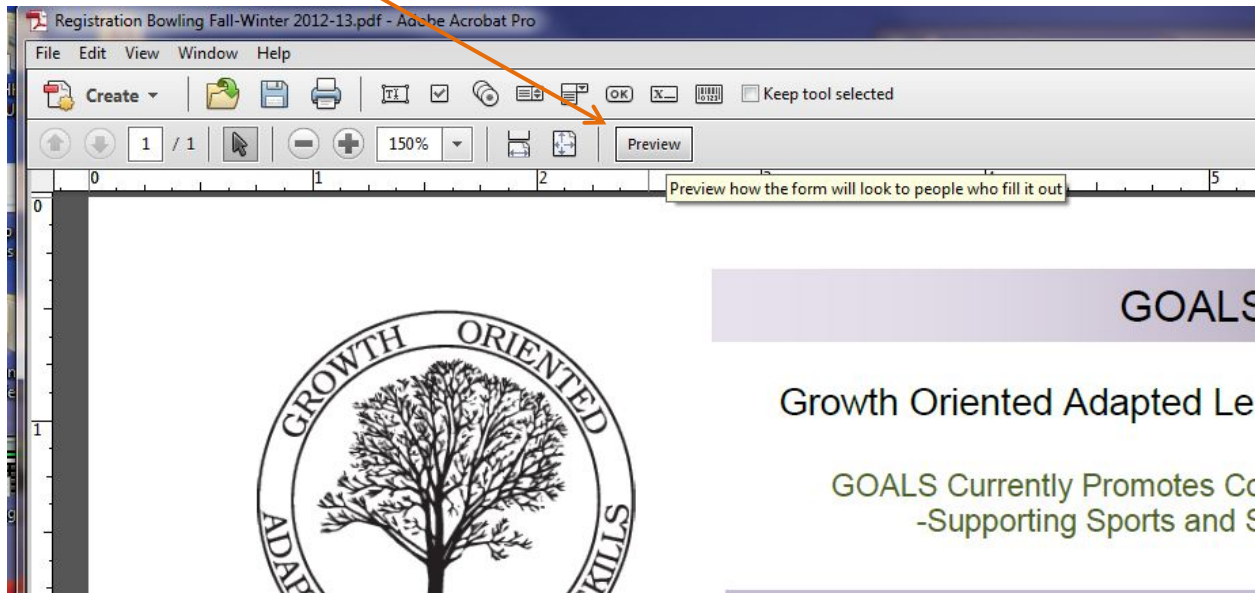


Check box #2

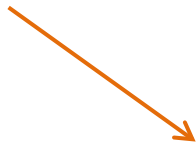


Each check box was created independently – please note (When the form is filled out when the original document was created using the copy/paste option, text input in one cell will be duplicated text/checks, etc. to all the copied cells).

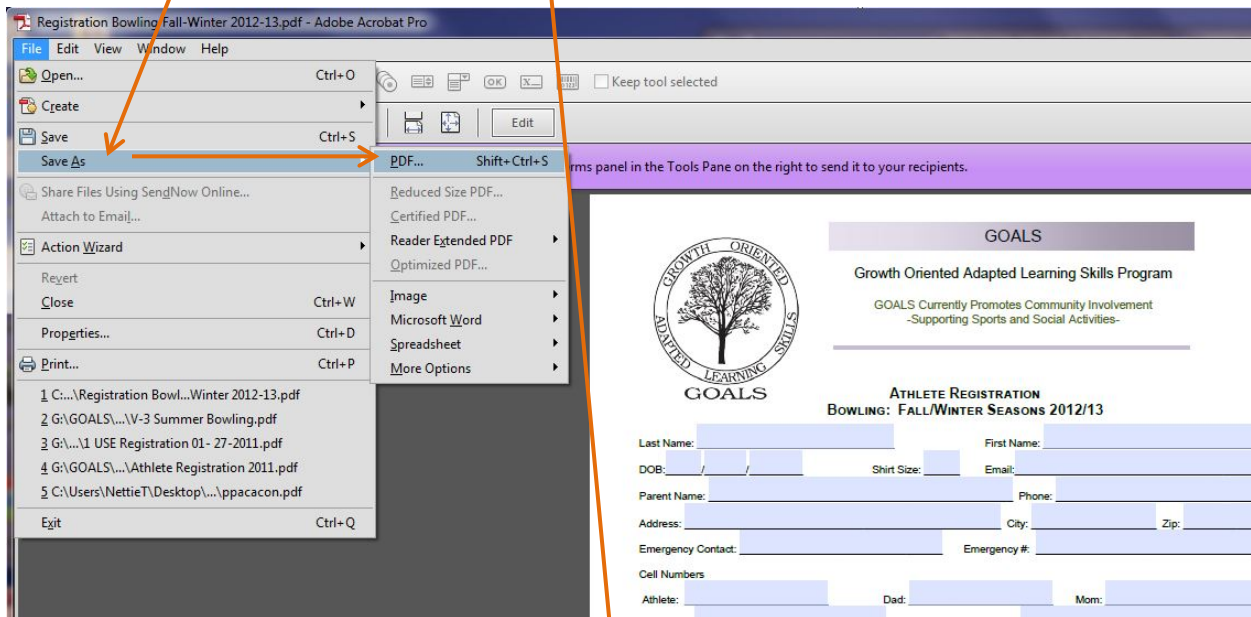
Step 10: Select  to view your new Form



The preview of your new PDF form:

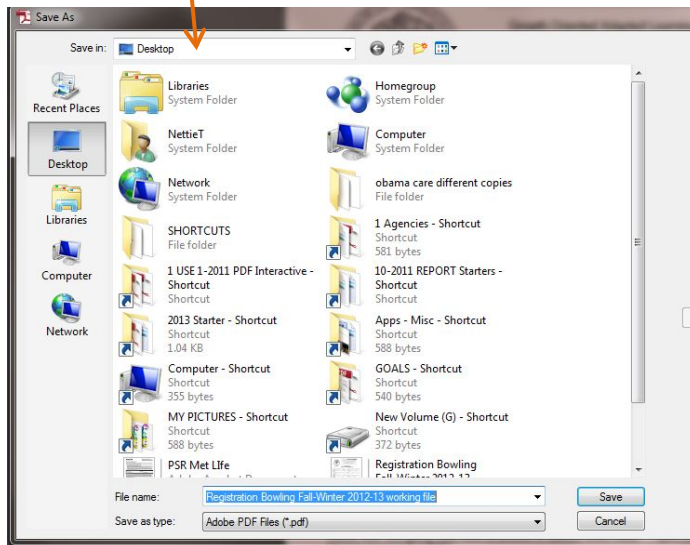
A detailed view of the PDF form. The form is titled "GOALS Growth Oriented Adapted Learning Skills Program" and "ATHLETE REGISTRATION BOWLING: FALL/WINTER SEASONS 2012/13". It contains several sections: "Personal Information" with fields for Last Name, First Name, DOB, and Shirt Size; "Contact Information" with fields for Parent Name, Phone, Address, City, Zip, Emergency Contact, and Emergency #; "Athlete Information" with fields for Athlete, Dad, and Mom; "Medical Information" with fields for Dad Email, Mom Email, Medical Plan, ID#, DR#, and Phone. Below these fields is a section for "Medical Conditions, Alerts & Allergies". The form also includes a "LIABILITY RELEASE" section with a detailed disclaimer and a signature line for the participant. At the bottom, there is a section for "GOALS participants agree to wear their GOALS shirt during team activities" and a "CHECK ALL INTERESTED ACTIVITIES" section with checkboxes for "BASIC", "BOARD GAME NIGHT", "GOLF", and "BOWLING".

Step 11: Save As PDF=> PDF... to your desktop as your _____-working file and CLOSE document



Step 11 B: To Desktop and/or your designated your work area

IMPORTANT: If you do not close the document, you will not be able to save the file with the Adobe's extended reader options.

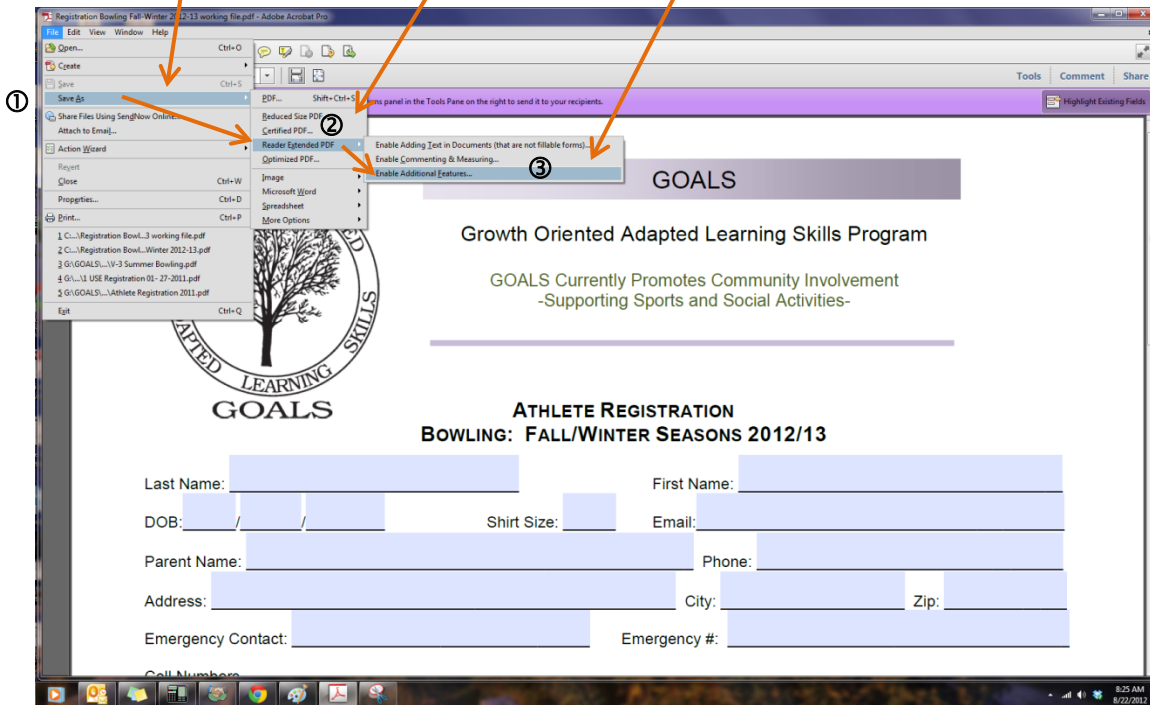


Step 13: View of saved document on my desktop - REPEAT: Close the document after it has been saved!!!



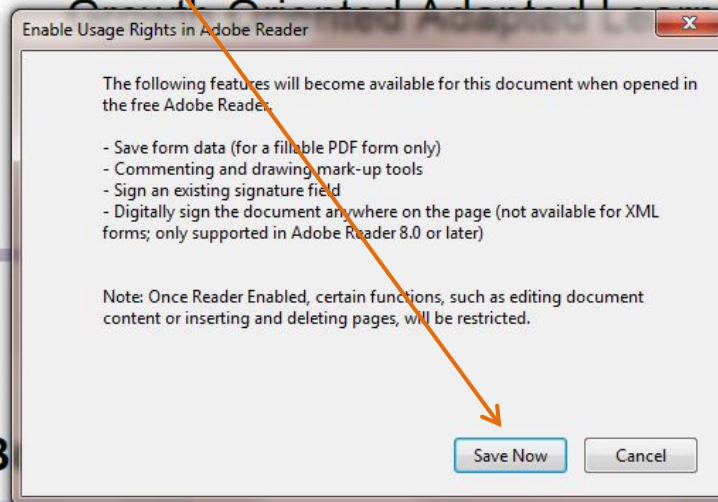
Step 14: Reopen saved document

Select ① Save As => ② Reader Extended PDF => ③ Enable Additional Features



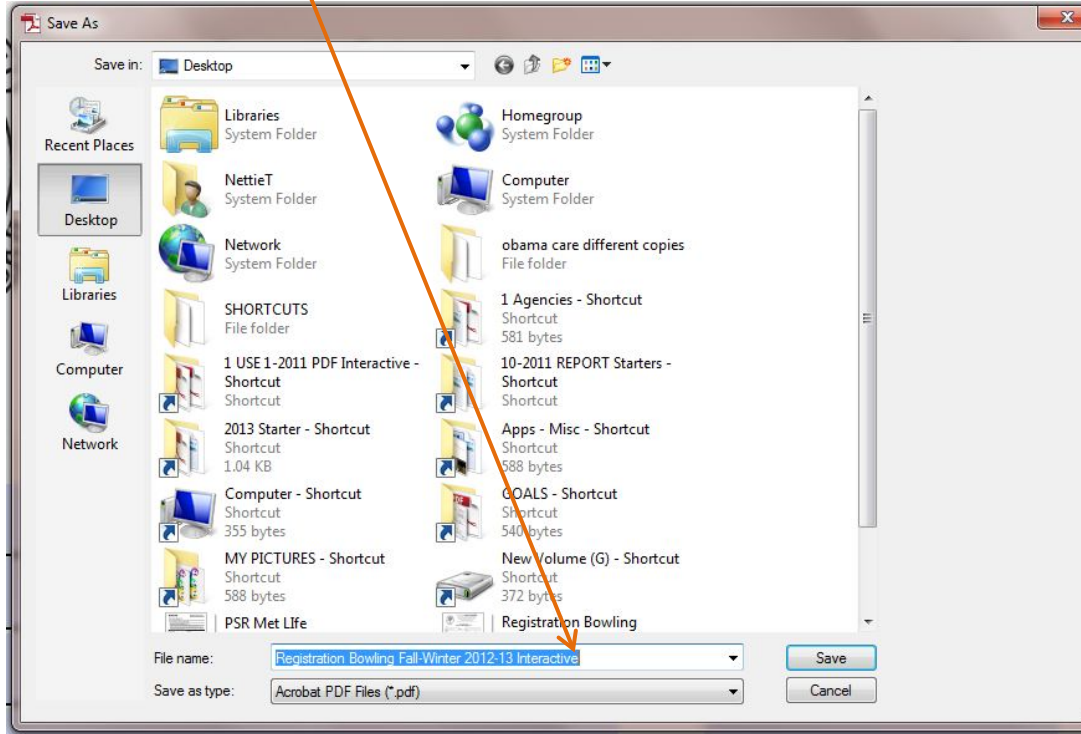
Step 15: Select

Save Now

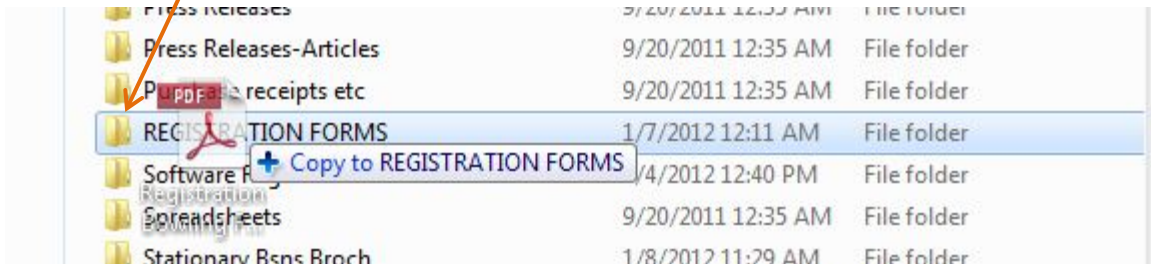


First Name:

Step 16: Save => I add Interactive to the file name to help define the document



Step 17: Navigate to the final destination file folder and save final document–



Your document will now be available to recipients as a fillable form that can be saved, printed and emailed if **the FREE Adobe Reader is installed on a computer.**

Please note: Operating System Window 7, Adobe Acrobat Professional X

*Enjoy and share if you find this helpful,
Nettie J. Fuscher, ATP*