

City of Surprise
Community and Recreation Services
Adaptive Sports 2009 Registration Packet

All athletes must have a completed waiver, registration form and physical on file with the City of Surprise prior to participating.

BAMBINO BUDDY BALL LEAGUE

The Bambino Buddy Ball League was established to allow players, ages 4 and older, who are either physically or intellectually challenged to participate in baseball. Divisions will be created based upon age. The league allows a "buddy" to assist the player throughout the game as needed (swing the bat, run the bases, field a ball, etc.). "Buddy" volunteers must be age 12 or older to volunteer. This league is designed so that all participants can learn and enjoy recreational activities in a safe environment while having fun! This is a non competitive league.

Coaches and Buddies needed!

Coach/Buddy Meeting:	September 7 th (for new coaches/ buddies) 6:00-6:30 pm
Practice/ Game:	September 10th –October 24th
Location:	Games played at Dream Catcher Park 14534 N. Tierra Buena Lane
Age:	Ages 4-8 Th 5:30 pm and Sat 9:00 am Ages 9-14 Th 6:30 pm and Sat 10:00 am Ages 15+ Th 7:30 pm and Sat 11:00 pm
Cost:	Resident: \$20 Non Resident: \$30

All registered athletes receive a baseball shirt and hat.
Registered buddies receive a Buddy Sports T-shirt to wear to programs.

Age groups may be changed for the good of the league.



Please mail or hand deliver completed registration forms to:

City of Surprise Community and Recreation Services, Attn: Joe Gladieux
15960 N. Bullard Avenue, Surprise, AZ 85374

For questions contact: Joe Gladieux 623.222.2257 joe.gladieux@surpriseaz.com
Registration available online @ surpriseaz.com/adaptive



City of Surprise Adaptive Sports Program:
Athlete Information

Full Name _____ Age _____ Date of Birth _____

Address _____ City, State, Zip _____

Home Phone () _____ Cell/Work () _____

Email _____

Primary Disability _____ Wheelchair user? **YES NO**

Medications _____

Gender: (circle) MALE FEMALE

T-Shirt Size: **YOUTH** M L **ADULT** S M L XL XXL

Is the participant new to Surprise's Adaptive Recreation Programs **YES NO**

Does participant have a history of seizures? (Circle) **YES NO**

Special medical needs/other _____

Parent/ Emergency Contact Information

Full Name _____ Relationship w/ Athlete _____

Address _____ City, State, Zip _____

Phone _____ Work/Cell _____ Email _____

____ Yes, I want to be considered as a head coach
Name _____

Buddies willing to assist are required to fill out a registration form annually.
Please list registered 2009 Buddies names below.
Names _____

**Coaches: You must clear a background check before you are assigned a team.
(Fill out Volunteer application and get fingerprinted with Community and Recreation Services Department.)**



Guardian Program Responsibilities

The City of Surprise takes pride in establishing quality programs for our participants in a safe, learning environment. As the parent or guardian of the participant, we ask that you make sure the following commitments are kept. Together, we can work to give the participants the wonderful opportunity and benefits of recreation and sports.

Registration

Complete and return all registration and waiver forms necessary to City of Surprise Community and Recreation Services by registration date. All athletes must have a completed waiver form on file with the City of Surprise Recreation Department before the start of the first practice.

Physicals

All participants are required to have a current physical on file with the City of Surprise's Adaptive Recreation Program prior to the first day of practice. Physicals are valid for three full years. Please keep a copy for your own records.

Transportation

Coaches are not responsible for transporting athletes. **Parent/guardian/caretakers must remain on sight at all time if the athlete is under the age of 21.** The sight supervisor reserves the right to request supervision for individuals over 21 if safety is a concern.

Behavior

If a participant begins to have behavioral issues to the point at which teammates and the overall program is affected, the City of Surprise will reserve the right to suspend or remove the athlete from the program. It is important that you inform both the City of Surprise and the coach of any specific behaviors the participant might have. Please also share strategies or techniques at which the coach can use to better accommodate the participant. The programs we offer do not provide a one-on-one instruction ratio. If the participant needs special attention and more guidance, it is the parent/guardian's responsibility to provide that assistance.

Name of Athlete

Date

Parent/Guardian Name

Signature of Guardian

For more information on any of our Adaptive Recreation programs please contact:

City of Surprise
Community and Recreation Services
15960 N Bullard Ave.
Surpriseaz.com

Joe Gladieux
Recreation Coordinator
623.222.2257
joe.gladieux@surpriseaz.com

Waiver of Liability and Consent for Treatment

Name of Player _____ Player's Age _____

Home Address _____ City _____ State _____

Family Physician _____

List any Allergies _____

Required Medication _____

Name of Event _____

Health Insurance Company _____

Health Insurance Policy Number _____

The City of Surprise, the directors, supervisors, coordinators, instructors of the City of Surprise and its officials are hereby released and discharged from any suit of purpose of the injury, illness or damage to personal property during the course of this program except that resulting from gross negligence and or intentional conduct thereof. I hereby covenant to indemnify and hold harmless the foregoing from any losses or damages, including reasonable attorney fees, which may be incurred in the event that any such claims asserted against them or any of them.

In case of accident or illness, I hereby authorize attending staff to use his/her judgment in obtaining immediate Medical Care.

Parent Signature _____ Date _____

Daytime Phone () _____ Home phone () _____

Cell Phone () _____ Other () _____

Extra Contact () _____ Name _____

Extra Contact () _____ Name _____

(Parent/Guardian will be notified in case of a serious illness or injury as quickly as they can be reached, but this form will make immediate treatment possible).

Individuals needing reasonable accommodations, such as large print materials and oral/ ASL interpreters, should contact the disabilities advocate at 623.222.3821 (voice) or 623.222.3802 (TTY/VP) at least three (3) business days prior to the event so arrangements can be made.

