



Community and Recreation Services

## Adaptive Sports 2009 Registration Packet

The City of Surprise offers athletes (8 years and older) who have a developmental disability the opportunity to participate in our Adaptive Recreation Program. Athletes may be ambulatory or use manual or power wheelchairs. **All athletes must have a completed waiver, registration form and physical on file with the City of Surprise prior to participating.**

### Special Olympics Bocce Ball

All necessary sports equipment will be provided.



**Practices** Wednesdays, starting August 26th  
**Time:** 6-7 P.M.  
**Location:** DreamCatcher Park  
 (14534 N. Tierra Buena Lane)  
**Cost:** **FREE**

**Please mail or hand deliver completed registration forms to:**  
 City of Surprise Community & Recreation Services, Attn: Joe Gladieux  
 15960 N. Bullard Avenue, Surprise, AZ 85374  
[www.Surpriseaz.com/adaptive](http://www.Surpriseaz.com/adaptive)

For questions contact: Joe Gladieux 623.222.2257/ [joe.gladieux@surpriseaz.com](mailto:joe.gladieux@surpriseaz.com)

### 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 \_\_\_\_\_ Wheel Chair user? **YES NO**  
 Medications \_\_\_\_\_  
 Gender: (circle)      MALE      FEMALE  
 T-Shirt Size:      **YOUTH** M L      **ADULT** S M L XL XXL XXXL  
 Currently active in sports? **YES NO**  
 Does participant have a history of seizures? (Circle)      **YES NO**  
 Special Needs \_\_\_\_\_

#### Parent/ Emergency Contact Information

Full Name \_\_\_\_\_ Relationship w/ Athlete \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_ Email \_\_\_\_\_



# **Guardian Program Responsibilities** *Beyond Expectations*

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 the City of Surprise Community and Recreation Services Department by registration date. All athletes must have a completed waiver form on file with the City of Surprise Community and Recreation Services 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**

Athletes must be picked up from all scheduled practices and games on time. Frequent late occurrences can result in a suspension of the athlete from the program. **Coaches are not responsible for transporting athletes.**

### **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.

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**Name of Athlete** **Date**

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**Parent/Guardian Name** **Signature of Guardian**

**Please contact the City of Surprise with any questions:**

Joe Gladieux Adaptive Recreation Supervisor 623.222.2257 joe.gladieux@surpriseaz.com	City of Surprise 15960 N. Bullard Ave. Surprise, AZ 85374
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