

Active LifeStyles

Information Sheet and Entry Form

August 2018- July 2019

Name _____ Birthdate _____ Age _____

Address _____
(street) (apt #)

(city) (State) (zip)

E-mail _____

Phone _____

Parents/Guardian _____

Are your parents your legal guardian? Yes / No

Parents/Guardian address and phone _____

Parent/Guardian email address _____

In case of emergency please contact _____

(name)

(phone)

Additional services provided by (please circle):

MSL LSI FARK WRC Optimae Krysilis ChildServe CCO SCL School: _____

Please list any health concerns that may influence participation:

Any dietary restrictions: _____

Special Olympics Physical (Required for all Special Olympic Athletes every 3 yrs):

Form Attached **Y** **N** or Scheduled For: _____ (date) When completed mail to The Arc.

Please give us an email address that is best to send notifications to:

I want to participate in:

Year Round Social Activities

- | | |
|---|--|
| <input type="checkbox"/> Recreational Bowling | <input type="checkbox"/> Fit Club |
| <input type="checkbox"/> Faith Fellowship | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Best Buddies (separate forms will be mailed) | <input type="checkbox"/> Social Dances |
| <input type="checkbox"/> Volunteer for Fundraisers | <input type="checkbox"/> Speak to organizations on behalf of The Arc |

Special Olympics Fall Sports

- | | |
|--|--|
| <input type="checkbox"/> Bowling (Competitive) | <input type="checkbox"/> Flag Football |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Unified Golf |

Special Olympics Winter Sports – You may choose only one

- | | | |
|--|--|---|
| <input type="checkbox"/> Basketball Team | <input type="checkbox"/> Basketball Skills | <input type="checkbox"/> Cheerleading/Dance |
|--|--|---|

Special Olympics Spring Sports – You may choose only one for Thursday's State Competition

- | | | | |
|--------------------------------|----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Bocce | <input type="checkbox"/> Cycling | <input type="checkbox"/> Soccer | <input type="checkbox"/> Soccer Skills |
|--------------------------------|----------------------------------|---------------------------------|--|

Special Olympics Spring Sports – You may choose only one for Friday's State Competition

- | | |
|--|--|
| <input type="checkbox"/> Swimming (Aquatics) | <input type="checkbox"/> Track and Field (Athletics) |
|--|--|

Special Olympics Summer Sports

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Softball Team | <input type="checkbox"/> Fit Club |
| <input type="checkbox"/> Water Walking | <input type="checkbox"/> Kickball |
| <input type="checkbox"/> 5k Run/Walk Training | |

Releases to be signed on other side → → →

Please return to The Arc by September 19th, 2018

The Arc of Story County, 130 S. Sheldon #302, Ames, IA 50014

Active LifeStyles

A program of The Arc of Story County

Code of Conduct

The Code of Conduct for The Arc's Active LifeStyles/Special Olympics program is designed to ensure a positive experience for all athletes.

I Pledge that:

Sportsmanship

- I will practice good sportsmanship and act in ways that will bring respect to my coaches, my team, The Arc, Special Olympics Iowa and me.
- I will not use bad language, such as swearing or insulting other persons, and will not fight with other athletes, coaches, volunteers or staff.

Training & Competition

- I will train regularly and attend scheduled practices and meet training criteria set by my coaches. I will try my best during training/practice and competitions.
- I will learn and follow the rules of my sport.

Personal Responsibility

- I will not make unwanted physical, verbal or sexual advances on others.
- I will dress and act, at all times, in a professional manner that will be a credit to The Arc and to Special Olympics Iowa.
- I will not drink alcohol, smoke tobacco in non-smoking areas or use illegal drugs at Arc/Special Olympic sites.
- I will obey all laws and rules of The Arc/Special Olympics.

I, _____ fully understand the Code of Conduct and agree to follow it. I understand that if I should violate any of the above, I could lose my opportunity to participate in future programs.

Athlete's signature

Date

Parent/Guardian Witness (if needed)

Relationship to Athlete

If Participant has Guardian -

_____ is participating in The Arc of Story County's Active Lifestyle program with my consent. I understand that the utmost precaution will be taken as to the safety of the participants; however I will not hold The Arc responsible for injuries sustained as a result of practicing or participating in Active LifeStyles' activities.

Signature of parent or guardian (if participant is NOT own guardian)

Photo and Publicity Release

The Arc of Story County has my permission to use photos taken during Active LifeStyles' activities for the use of promoting the programs and services of The Arc, Special Olympics and United Way. Information about my participation in Active LifeStyles may also be used in printed materials or media releases for the purpose of promoting the programs and services of The Arc and Special Olympics. My name may be used on team rosters, competition materials, and missing physicals distributed to teammates, coaches, their families, and their support agencies (to include but is not limited to: Mainstream Living, ChildServe, Lutheran Services in Iowa, Story County Community Life, Woodward Resource Center, Friendship Ark Homes, Optima).

Signature of participant
(If participant is NOT own guardian)

Signature of parent or guardian

(Date)

THIS RELEASE IS GOOD FOR ONE YEAR FROM DATE OF SIGNATURE. YOU MUST SUBMIT A REQUEST IN WRITING IF YOU WOULD LIKE TO REVERSE THIS RELEASE.