The Arc of Story County - Active Lifestyles

The Arc
Story County

Information Sheet and Entry Form

August 2019 - July 2020

Client Name:	DOB:		Annual Registration Fee:	$75.00
Street Address:			Annual Registration Amount Paid:	$
City:	State:	Zip:	Additional Contributions Made to AL (optional):	$
Email Address:			Total Enclosed:	$
Phone Number:			Arc Office Use Only	
Parent/Guardian Name(s):				
Parent/Guardian Street Address:			☐	Cash Date:
City:	State:	Zip:	☐	Check Date:
Parent/Guardian Email Address(es):				
Parent/Guardian Phone Number(s):				
Emergency Contact Name(s):				
Emergency Contact Phone Number(s):				
Best Way to Provide Weekly Information to Client:				

Additional Service Provided By:

MSL LSI FARK WRC Optimae Krysilis ChildServe CCO Other:

Please list any health concerns:

Please list any dietary restrictions:

I want to participate in:

Activities Throughout The Year

☐	Recreational Bowling	☐	Social Dances
☐	Faith Fellowship	☐	Speak about The Arc
☐	Best Buddies	☐	Fit Club
☐	Fundraiser Volunteer	☐	Other:

Special Olympics Fall Sports

☐	Competitive Bowling	☐	Volleyball	☐	Flag Football	☐	Unified Golf

Special Olympics Winter Sports - You may only choose one:

☐	Basketball - Team	☐	Basketball - Skills	☐	Dance/Cheer

Special Olympics Spring Sports(Thursday State Competition) - You may only choose one:

☐	Bocce - Team	☐	Cycling	☐	Soccer	☐	Soccer Skills

Special Olympics Spring Sports(Friday or Saturday State Competition) - You may only choose one:

☐	Bocce - Singles	☐	Swimming(Aquatics)	☐	Track and Field(Athletics)

Summer Activities

☐	Special Olympics Softball Team	☐	Adult Water Walking	☐	Kickball

In addition to this form, release form must be signed and returned to The Arc Of Story County by September 12, 2019, along with registration fees.

The Arc
Story County

Special Olympics Iowa

The Arc of Story County - Active Lifestyles Annual Release Form

If this is not signed by participant and guardian(if client is not own guardian), participant will not be able to attend The Arc of Story County activities until it is signed.

Client Name:_____ **DOB:**_____

Please return by September 12th, 2019 to:
The Arc of Story County, Active LifeStyles, 130 S. Sheldon #302, Ames, IA 50014

Active Lifestyles - A program of The Arc of Story County
Code of Conduct Agreement

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, _____(print name) 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.

Participant's signature or mark:

_____ **Date**_____

Signature of parent or guardian (If participant is NOT own guardian):

_____ **Date**_____

Accidental Injury Liability Release

_____(print name) 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 participant or Signature of parent or guardian (If participant is NOT own guardian):

_____ **Date**_____

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, Optimae).

Signature of participant or Signature of parent or guardian (If participant is NOT own 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.