



Active LifeStyles
Information Sheet and Entry Form
2025 - 2026



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)

AL Year Session Fee (\$90)	\$ _____
Additional contribution to AL programs (Optional)	\$ _____
Cooking Class (\$100) If applicable	\$ _____
Total Enclosed	\$ _____

Additional services provided by (please circle):

MSL LSI FARK WRC Optimaae REM ChildServe CCO SCL School: _____

Please list any health concerns that may influence participation: _____

Any dietary restrictions: _____

Special Olympics Physical: _____

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 would like to participate in: _____

Year Round Social Activities

- Recreational Bowling
- Best Buddies (separate forms will be mailed)
- Volunteer for Fundraisers
- Social Dances
- Speak to organizations on behalf of The Arc

Special Olympics Fall Sports/Activities

- Bowling (Competitive)
- Volleyball
- Flag Football
- Unified Golf
- Pickleball
- Cooking Class

Special Olympics Winter Sports – You may choose only one

- Basketball Team
- Basketball Skills
- Cheerleading/Dance

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

- Bocce
- Cycling
- Soccer
- Soccer Skills

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

- Swimming (Aquatics)
- Track and Field (Athletics)

Releases to be signed on other side → → →
Please return to The Arc by September 1, 2025

The Arc of Story County, 5820 Lincoln Way Suite #101, Ames, IA 50014

Special Olympics Summer Sports

- Softball Team
- Water Walking
- 5k Run/Walk Training
- Kickball

Please list any emails you would like to be added to our email list:

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.
- 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.

Training & Competition

- 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, Optimaae).

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.