



**Westside Special Olympics**  
**ATHLETE**  
**2011 Summer-Fall Programs**  
**Details & Sign-Up Forms**

June 2011

Dear Participants, Parents, Schools and Agencies:

Westside Special Olympics Summer/Fall programs will begin in July. You may remember that last year we informed you of the new program season changes that SOSC instituted. These changes are reflected in the program details on the following pages. Please review the program details and sign up for the programs you wish to participate in on the enclosed sign-up forms. **Athletes that show up at practice without signing up by the deadline will not be allowed to participate until it has been cleared with the office.** You will not be receiving a reminder so remember to show up on the first scheduled day for practice.

For all programs, a **current** Special Olympics Athlete Application, Special Olympics Medical and Release Form must be on file with the Westside office. You will not be allowed to participate in any programs if we do not have all your paperwork on file. Pam Cysner, Athlete Coordinator, will contact you directly if your medical form is expiring and needs to be updated. If you need blank medical forms or have questions, call Pam at (310) 206-5523 (day) or (310) 450-4987 (eve.).

**PLEASE NOTE THERE IS A SEPARATE SIGN-UP FORM FOR BOWLING WHICH IS ENCLOSED.**

**IF YOU DO NOT COMPLETE IT YOU WILL NOT BE ABLE TO SIGN UP FOR BOWLING.** The bowling program was expanded seven (7) years ago to accommodate all the athletes who wish to participate. Athletes are chosen at random for each session. You will not be able to select the session so please don't ask. Bowling athletes will receive confirmation letters notifying them which session they are in. **Please do not call the office and ask.**

All programs are on a first come, first serve basis and may fill up depending on volunteer staff support.

**Attendance: All athletes who sign up are expected to attend each practice. If after you sign up you are unable to make the practices, please call the office and you will be taken off the roster. And, as a courtesy to our volunteers, please let the head coach know in advance, if possible, when you will not be attending practice.**

If you have any additional questions, please give me a call at 310-458-2201 x2020.

Tony Carpowich  
Assistant Area Director

## **2011 SUMMER-FALL Athletic Programs (ages 8 and up):**

### **BOWLING:** July-December

Session 1: Saturdays, July 9th – September 3rd  
Session 2: Saturday, October 1<sup>st</sup> -- December 3rd  
Day & Time: Saturday mornings, 9:00-11:00  
Location: AMF Bay Shore Bowl, 234 Pico Bl., Santa Monica

### **FLOOR HOCKEY** August-November

Begins: Saturday, August 13th  
Ends: Saturday, November 5th  
Day & Time: Saturday morning 9:00 – 11:00 a.m.  
Location: Memorial Park, 14<sup>th</sup> & Olympic Blvd., S.M.

### **SOCCER:** August-November

Begins: Saturday, August 13th  
Ends: Saturday, November 5th  
Day & Time: Saturday mornings 11:00-12:30  
Location: Memorial Park, 14<sup>th</sup> & Olympic Blvd., S.M.

### **SOFTBALL:** August – November

Begins: Monday, August 15th  
Ends: Monday, November 7th  
Day & Time: Monday evenings 5:30 – 7:00  
Location: Memorial Park, 14<sup>th</sup> & Olympic Blvd., S.M.

### **TENNIS** August - November

Begins: Wednesday, August 17th  
Ends: Wednesday, November 9th  
Day & Time: Monday evenings 5:00 – 6:30 PM  
Location: Memorial Park, 14<sup>th</sup> & Olympic Blvd., S.M.

### **VOLLEYBALL**

Begins: Monday, October 3  
Ends: Monday, December 5  
Day & Time: Mondays 7:00 – 8:30 p.m.  
Location: Windward Gymnasium

## **Other Therapeutic Programs**

### **SOCIAL CLUB**

Ongoing  
Day: Thursdays  
Time/Location: To be announced on the monthly calendar.  
Age requirement: Must be 13 yrs. & older  
*Community excursions, arts and crafts, group projects, dinners, movies, etc. in a social setting. See monthly calendar for details. Fee involved per activity.*

### **EXPLORERS**

Ongoing  
Day: Bi-monthly on Saturdays and/or Sundays  
Time/Location: To be announced on the monthly calendar.  
Age requirement: Must be 13 yrs. & older  
*A unified program that incorporates disabled, non-disabled participants and volunteers in a social setting offering unique day and overnight trips and excursions. Open to anyone with or without disabilities. Each trip will require a fee, which will include the cost of admission, transportation, etc. for that event.*

**REMEMBER TO COMPLETE THE ENCLOSED FORMS AND MAIL OR FAX THEM**

**TO ARRIVE IN OUR OFFICES ON OR BEFORE Thursday, June 30th**



**2011 SUMMER-FALL ATHLETE SIGN-UP FORM**

City of Santa Monica  
Adaptive Recreation and Sports (SMARS)

Name \_\_\_\_\_

**Please include area code for all phone numbers and include your date of birth.**

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-mail address \_\_\_\_\_ (for WSO information only)

*Please print clearly*

Emergency Name & Phone \_\_\_\_\_

Health insurance/policy number \_\_\_\_\_

Please check the programs you will participate in:

\_\_\_\_ TENNIS      \_\_\_\_ SOCCER      \_\_\_\_ SOFTBALL      \_\_\_\_ FLOOR HOCKEY

\_\_\_\_ VOLLEYBALL      \_\_\_\_ SOCIAL CLUB      \_\_\_\_ EXPLORERS

***Remember return completed form to arrive on or before Thursday, June 30<sup>th</sup>***  
***Westside Special Olympics***  
***1401 Olympic Blvd.***  
***Santa Monica, CA 90404***  
***Fax (310) 452-9407***  
***Attn: Silvia Quintana***



Santa Monica Adaptive  
Recreation and Sports (SMARS)  
Special Olympics Westside



## 2011 BOWLING SIGN-UP!

**This form must be completed to get into the bowling drawing.**

June 2011

Dear Athletes, Families and Care Providers:

It's almost time for Westside's expanded bowling season to begin. Bowling is held on Saturdays, from **9:00 -11:00** am at AMF Bayshore Bowl, 234 Pico Blvd, Santa Monica. The dates of each session are listed below.

**Session 1: July 9th to September 3rd**

**Session 2: October 1st to December 3rd (Excluding Saturday, 11/26)**

For those who are new to our program, because of the size of the program, it is divided into two sessions to allow everyone the opportunity to participate. Athletes are randomly selected for each session via a drawing. Everyone is treated equally whether we receive his or her form first or last. **However, if you do not sign-up now you cannot sign up later in the season.**

Each year after the drawing, we get many requests to switch the sessions for various reasons. **This year there will be no changes – NO EXCEPTIONS.** And, while we realize that many of the athletes participate in many non-Special Olympics activities on Saturday's, we expect athletes to attend at least six of the eight practices. This does not apply if an athlete is attending another **WSO** sports competition.

This completed form must be returned via fax or mail by Thursday, June 30<sup>th</sup> to the WSO office. **(DO NOT GIVE THE FORM TO ANY COACH TO TURN IN FOR YOU).** **NO phone-in registrations will be accepted.**

We will hold a drawing of all returned sign-up forms on Friday, July 1<sup>st</sup> and **you will be notified by mail or email by Thursday, July 7th. Please do not call the office and ask for the results.**

**BOWLING SIGN-UP – PLEASE PRINT ON THIS SIDE**

<b><u>Athlete Name</u></b>	
<b><u>Address</u></b>	
<b><u>City/Zip</u></b>	
<b><u>Daytime phone w/area code</u></b>	
<b><u>Evening phone w/area code</u></b>	
<b><u>Email Address for quicker notification</u></b>	



# Athlete

## 2011 WESTSIDE SPECIAL OLYMPICS/ SMARS PROGRAMS RELEASE FORM

*(All athletes must fill out and sign this form each January)*

Mail completed form to: 1401 Olympic, Santa Monica, CA 90404  
Fax completed form to: 310 310-452-9407

<b>Name:</b>	<b>Birth day:</b>
<b>Address:</b>	<b>City/State/Zip:</b>
<b>Phone w/area code:</b>	<b>Email address:</b>
<b>Emergency Name:</b>	<b>Emergency Number w/area code</b>

**RELEASE OF LIABILITY**

In consideration of the above applicant's participation in the above activity, I hereby waive, release and discharge all claims for damages for death, personal injury, or property damage which I may have or which may hereafter accrue to me as the result of engaging in said activity or any activity incident thereto.

THIS RELEASE DISCHARGES IN ADVANCE THE CITY OF SANTA MONICA, ITS OFFICERS, AGENTS, SERVANTS AND EMPLOYEES FROM LIABILITY EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS OR ENTITIES MENTIONED ABOVE.

Some recreational activities involve an element of risk or danger of accidents and knowing those risks, I hereby assume those risks. This waiver, release and assumption of risk is to be binding on my heirs and assigns. I also give my permission for any necessary medical care.

**Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*All Athletes MUST Sign.*

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*If participant is under 18 Parent/Guardian must sign. Thank you.*