



Westside Special Olympics 2011 Volunteer Summer Program Details & Sign-Up Information

June 2011

Dear Volunteers:

Westside Special Olympics Summer programs will begin in July. Please review the program details listed below and sign up for the programs you wish to volunteer in on the enclosed sign-up form. Mail the form to our office to arrive on or before **Friday, June 24th**, then show up on the start date of that program.

All volunteers must complete the enclosed Volunteer Sign-Up form and Liability Release Form *prior* to showing up at practice. In addition, a Special Olympics Volunteer Application must be on file with the Westside office. If you have not attended an orientation, please call Silvia Zepeda at our office for the next orientation date. **No volunteer will be allowed to help if they have not attended an orientation.**

Many of our seasoned volunteers forget to complete & mail the sign-up forms in prior to the program start date. While we deeply appreciate all your support, we need to have this paperwork on file for the City of Santa Monica and Special Olympics. So please, take a moment, fill it in and mail it back.

Please note for bowling you can sign up to volunteer for the Session 1, Session 2 or both. The bowling program was expanded 5 years ago to accommodate all the athletes who wish to participate.

Thank you all for your support of Westside's programs. If you have any additional questions, please give either Silvia or me a call at 310-458-2201 x2020.

Thank you,

Tony Carpowich
Assistant Area Director
Westside Special Olympics

SUMMER 2011 ATHLETIC PROGRAMS

BOWLING:

July – December
Begins: Saturdays, July 9
Ends: Saturday, December 3
Day & Time: Saturday mornings, 8:30-10:30
Location: AMF Bay Shore Bowl, Santa Monica

SOCCER:

August – October
Begins: Saturday, August 13
Ends: Saturday, November 5
Day & Time: Saturday mornings 11:00-12:30
Location: Memorial Park, Santa Monica

SOFTBALL:

July – September
Begins: Monday, August 15
Ends: Monday, November 7
Day & Time: Monday evenings 5:30 – 7:00
Location: Memorial Park, Santa Monica

TENNIS

July - September
Begins: Wednesday, August 17
Ends: Wednesday, November 9
Day & Time: Monday evenings 5:00 – 6:30 PM
Location: Memorial Park – 14th & Olympic Bl.

SOCIAL CLUB

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 FRIDAY, JUNE 24TH.**



**2011 SUMMER
VOLUNTEER SIGN UP FORM**
City of Santa Monica
Adaptive Recreation and Sports Programs (SMARS)

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please include area code for all phone numbers

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:

BOWLING:	SESSION 1 _____ (July to Sept)	SESSION 2 _____ (Oct. to Dec)	BOTH SESSIONS _____ (July to Dec)
_____ TENNIS	_____ SOCCER		
_____ SOFTBALL	_____ SOCIAL CLUB	_____ EXPLORERS	

Remember return completed form to arrive on or before Friday, June 24th
Westside Special Olympics
1401 Olympic Blvd.
Santa Monica, CA 90404
Fax (310) 452-9407
Attn: Silvia Quintana



<h1 style="margin: 0;">Volunteer</h1> <p style="margin: 0;">2011 WESTSIDE SPECIAL OLYMPICS/ SMARS PROGRAMS RELEASE FORM <i>(All volunteers must fill out and sign this form each January)</i></p> <p style="margin: 0;">Mail completed form to: 1401 Olympic, Santa Monica, CA 90404 Fax completed form to: 310 310-452-9407</p>

If you sent this form in January you do not need to send in another.

Name:	Date of Birth:
Address:	City/State/Zip:
Phone w/area code:	Email address:
Emergency Name:	Emergency Number w/area code

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.

Volunteer Signature: _____ **Date:** _____

All Volunteers MUST Sign.

Guardian Signature: _____ **Date:** _____

If volunteer is under 18 Parent/Guardian must sign. Thank you.