



**Westside Special Olympics**  
**ATHLETE**  
**FALL 2009**  
**PROGRAM DETAILS**  
**&**  
**SIGN-UP FORMS**

August 2009

Dear Participants, Parents, Schools and Agencies:

Westside Special Olympics Fall programs will begin soon. Please review the program details listed below and check off the programs you wish to participate in on the enclosed sign-up form. Mail the form to our office to arrive on or before Friday, September 4, 2009. **You will not be receiving a reminder so remember to be 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 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.).

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 Silvia so she can take you off the roster. And, as a courtesy to our volunteers, please let the head coaches know when you will not be you attending practice. If you do not show up for the first two practices without notifying Silvia at (310) 458-2201 X2020, you will be taken off the program rosters.**

If you have any additional questions, please give either Silvia Zepeda or myself a call at 310-458-2201 x2020.

Danny Price

WSO Area Director

**Fall 2009 Athletic Programs (ages 8 and up):**

**FLOOR HOCKEY**

Begins: Saturday, September 12<sup>th</sup>  
Ends: TBD  
Day & Time: Saturdays 9:00 – 11:00 a.m.  
Location: Memorial Park, 14<sup>th</sup> & Olympic Blvd., S.M.

**VOLLEYBALL**

Begins: Monday, October 5<sup>th</sup>  
Ends: December 7<sup>th</sup>  
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.  
*Community excursions, arts and crafts, group projects, dinners, movies, etc. in a social setting. See monthly calendar for details. Fee involved per activity. (13 yrs. & up) (Must fill out attached release form)*

**EXPLORERS**

Ongoing  
Day: Bi-monthly on Saturdays and/or Sundays  
Times and locations TBA on monthly calendar  
*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. (13 yrs. & up) (Must fill out attached release form)*

**REMEMBER TO COMPLETE THE ENCLOSED FORMS AND MAIL THEM  
TO ARRIVE IN OUR OFFICES ON OR BEFORE  
FRIDAY, SEPTEMBER 4<sup>TH</sup>.**

**ATHLETE**  
**FALL 2009 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 \_\_\_\_\_ (will only be used to contact you about WSO)

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

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

Please check the programs you will participate in:

\_\_\_\_ FLOOR HOCKEY

\_\_\_\_ VOLLEYBALL

\_\_\_\_ SOCIAL CLUB

\_\_\_\_ EXPLORERS

***Remember return completed forms to arrive on or before Friday, September 4th***

***Westside Special Olympics  
1401 Olympic Blvd.  
Santa Monica, CA 90404  
Fax (310) 452-9407  
Attn: Silvia Zepeda***



# Athlete

## 2009 WESTSIDE SPECIAL OLYMPICS/ THERAPEUTIC 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

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

<b>Name:</b>	<b>Age:</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.*