



# SPORTS PLUS

*Helping Participants Realize Potential*



## 2012 Winter Young Adult Special Needs Indoor Volleyball & Fitness Program

SPORTS PLUS is an award winning non-profit organization that has offered uniquely structured coed swim and sports programs for verbal children able to follow simple directions with mild to moderate autistic spectrum disorders, ADD/ADHD and other developmental disabilities since 2005. In response to your many requests, SPORTS PLUS is now expanding its swim program for the first time to young adults between the ages of 18 and 25. SPORTS PLUS offers a full spectrum of fitness and sports instruction and training for participants with a wide variety of skills. The SPORTS PLUS volleyball and fitness program is designed for those whose capabilities fit between existing mainstream sports and fitness programs and adaptive sports and fitness programs.

The SPORTS PLUS swim program features a blend of traditional and unique skill development and training techniques, carried out by highly experienced coaches and instructors who are backed by special education professionals. Classes will include an introduction to a variety of fitness routines addressing strength, coordination, aerobic activity, flexibility and agility. Each class will also feature a volleyball skills session and game using Sports Plus' ever popular ultralight equipment. This equipment promotes a high level of success while reducing minor injuries and increasing fun. Participant to instructor ratios are maintained at no higher than 3 to 1. Whether the participant's initial goal is increasing fitness levels and socialization or competition this SPORTS PLUS class is for you! Fun, proper technique, social skills and safety are stressed at all classes. Each class features both individual and group instruction that is designed to be enjoyable and successful for all participants. The same instructors are present at all sessions to encourage a connection between participants and instructors. The end result is a safe, successful, rewarding and exciting physical and social experience for participants and their families.

Classes will be held at Rachel Carson Elementary School, 100 Tschiffely Square Road, Gaithersburg, MD 20878. Class space is extremely limited, so you are encouraged to register immediately. If you have any questions or need more information go to [www.playsportsplus.org](http://www.playsportsplus.org) or contact the SPORTS PLUS program at (301)452-3781 or by e-mail at [sportsplus@comcast.net](mailto:sportsplus@comcast.net).

<u>Day</u>	<u>Times</u>	<u>Dates</u>
Sunday Rachel Carson ES	4:00-5:00	Jan. 22 - March 4 *No class Feb. 19*

### *Sports Plus Group, Inc.*

P.O. Box 83274 Gaithersburg, MD 20883  
Phone: 301.452.3781 / Fax: 301.869.7498  
[www.playsportsplus.org](http://www.playsportsplus.org)

Mail to: Sports Plus Group, Inc., P.O. Box 83274, Gaithersburg, MD 20883

\*\*\* Class space CAN NOT be guaranteed due to limited space\*\*\*

Participant's Name: \_\_\_\_\_

Birth Date (MM/DD/YY): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Guardian's Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email (mandatory): \_\_\_\_\_

Participant's General Diagnosis: \_\_\_\_\_

Additional info you would like to tell us: \_\_\_\_\_

Payment: \$139 per participant \*All fees are non-refundable\*

Check: (Made payable to Sports Plus) Check Number: \_\_\_\_\_

Credit Card: MasterCard VISA (Circle one) Name on card \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration \_\_\_\_\_ Security code \_\_\_\_\_

I wish to make a tax-deductible contribution to Sports Plus in the amount of: \_\_\_\_\_

***Consent and Liability Waiver - Release of all claims (must be signed by parent or guardian)***

I, \_\_\_\_\_ (participant/guardian), am the participant or legal guardian of \_\_\_\_\_ (participant). As lawful consideration for participant being permitted to participate in the Sports Plus Program, I agree that neither my guardian nor I will make a claim against, sue, attach the property of or prosecute Sports Plus, Montgomery County Public Schools (MCPS) and their officers, directors, contractors, agents, sponsors, representatives and employees for damages for death, personal injury or property damage which participant may sustain as a result of participant's participation in these sporting activities. This release is intended to discharge in advance Sports Plus, MCPS and their officers, directors, contractors, sponsors, agents, representatives and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my participant's participation in the Sports Plus Program, or any other activity except for liability that may arise out of the willful or wanton misconduct of Sports Plus, QOSTC and their officers, contractors, agents, sponsors, suppliers, representatives and employees. I FURTHER UNDERSTAND THAT SPORTING ACTIVITIES INVOLVE INHERENT RISKS AND DANGER, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT PARTICIPANT AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS SPORTS PLUS, QOSTC AND THEIR OFFICERS, DIRECTORS, AGENTS, SPONSORS, CONTRACTORS, SUPPLIERS, REPRESENTATIVES AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MPARTICIPANT (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older, and that participant is in good health, physically fit and has no known medical conditions which prohibit safe participation in this activity and is covered by health insurance. Participant and I agree to follow all laws, rules and guidelines regulating the conduct of the program. I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from Sports Plus and their officers, trustees, agents, sponsors, suppliers, representatives and employees. I agree that Sports Plus, MCPS and their agents, sponsors, contractors and employees may use participant's photograph or video image in future promotions. I further agree to have an adult present and responsible for my child during class and that disruptive or aggressive behavior may be grounds for exclusion from the program at the sole discretion of Sports Plus.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE WITH ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, PARTICIPANT AND SPORTS PLUS, MCPS AND THEIR OFFICERS, DIRECTORS, AGENTS, CONTRACTORS, SPONSORS, SUPPLIERS, REPRESENTATIVES AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_