

# SPORTS PLUS

Howard County

*Helping Children Reach Their Potential*



## Winter 2012 Special Needs Indoor Gym Program

SPORTS PLUS is pleased to announce the continuation its unique programs at a prime Howard County location! SPORTS PLUS is a Maryland-based non-profit organization that offers a uniquely structured coed sports and swim programs for verbal children able to follow simple directions between the ages of 5 and 12 with mild to moderate autistic spectrum disorders, ADD/ADHD and other developmental disabilities. SPORTS PLUS programs are designed for children whose capabilities fit between existing mainstream sports programs and adaptive sports programs.

SPORTS PLUS was founded by Tom and Natalie Liniak, the parents of two children, one of whom is on the autistic spectrum. Its founders were recently nominated for the fourth time for the Montgomery County Outstanding Service to Youth Award in recognition of their efforts and the high quality programs that SPORTS PLUS offers. Participants currently travel from as many as fifty miles away to participate in SPORTS PLUS programs. A large number of area therapists, doctors and educators regularly refer children to SPORTS PLUS programs as an adjunct to their ongoing treatments, therapies and classes.

Each class will begin with the full group participating in a unique fitness and exercise warm up. Depending upon the week participants may run, jump, roll, crawl or practice other skills using a variety of different equipment. Each element of the obstacle courses and the fitness routines has been specifically selected by our staff to teach a different sports skill in a manner that maximizes fun and success for each participant. During each class, the participants will then be broken down into small age and skill appropriate groups where a different sport or set of skills will be emphasized. Activities may include volleyball, basketball, strength training, floor hockey, throwing and catching, relays, scooter racing, kickball and cutting edge fitness, agility and training techniques. Some classes will conclude with a specially designed game selected from the sports listed above.

All SPORTS PLUS programs features unique skill development techniques, highly trained coaches, special education professionals and parent and sibling involvement. Fun, teamwork, social skills and sportsmanship are stressed at all classes. Player to coach ratios are maintained at no higher than 3 to 1. The same coaches are present at all sessions to encourage a connection between players and coaches. The program encourages the participation of typically developing siblings in each class to allow siblings to play together and act as role models. The SPORTS PLUS extra help or additional challenge to be provided as needed to participants with a widw variety of skills. The end result is a successful, rewarding and exciting physical and social experience for children and their families.

Classes begin **January 28** and space is 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 SPORTSPLUS program at (301)452-3781 or by e-mail at [sportsplus@comcast.net](mailto:sportsplus@comcast.net).

<u>Day</u>	<u>Time</u>	<u>Dates</u>	<u>Class #</u>
Saturday	9:00am -10:00am	Jan. 28 - March 11	H9
Saturday	10:00am -11:00am	Jan. 28 - March 11	H10

Classes will be held at a TBA Columbia, Marlyland area school

# Sports Plus \* Winter 2012 \* Registration Form & Consent/Liability Waiver

FIRST PREFERRED CLASS # \_\_\_\_\_ SECOND PREFERRED CLASS# \_\_\_\_\_

\*\*\* Preferred class time cannot be guaranteed due to limited space\*\*\*

**NO CLASSES WILL BE HELD ON FEBRUARY 18**

Player's Name: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

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

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

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

Child's General Diagnosis: \_\_\_\_\_

Additional info you would like to tell us about your child: \_\_\_\_\_

**Payment:** \$145 per player - All fees are non-refundable

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

Please note, if registering more than one child, please use a separate form for each.

\*\*If any classes are cancelled due to inclement weather, a single make up class will be scheduled on March 18\*\*

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, \_\_\_\_\_ (parent/guardian), am the parent or legal guardian of \_\_\_\_\_ (minor child). As lawful consideration for my minor child being permitted to participate in the Sports Plus Winter Program, I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute Sports Plus, The Howard County Public School System (HCPSS) and their officers, directors, agents, contractors, suppliers, representatives and employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance Sports Plus, HCPSS and their officers, directors, agents, contractors, suppliers, representatives and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my minor child's participation in the Sports Plus Winter Program, or any other activity except for liability that may arise out of the willful or wanton misconduct of Sports Plus, HCPSS and their officers, trustees, agents, sponsors, suppliers, representatives and employees. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, 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 MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS SPORTS PLUS, HCPSS AND THEIR OFFICERS, DIRECTORS, AGENTS, CONTRACTORS, AGENTS, REPRESENTATIVES AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older, and that my child is in good health, physically fit and has no known medical conditions which prohibit safe participation in this sport and is covered by health insurance. My child 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, SAC/HC and their officers, directors, agents, contractors, suppliers, representatives and employees. I agree that Sports Plus, HCPSS and their agents, sponsors and employees may use my child'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, MY CHILD AND SPORTS PLUS, HCPSS AND THEIR OFFICERS, DIRECTORS, AGENTS, CONTRACTORS, SUPPLIERS, REPRESENTATIVES AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_