



SPORTS PLUS

Helping Participants Realize Potential



Late Winter 2012 Young Adult Special Needs Indoor Swim 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 swim instruction and training for participants with a wide variety of skills. The SPORTS PLUS swim program is designed for those whose capabilities fit between existing mainstream swim programs and adaptive swim programs.

The SPORTS PLUS swim program features a blend of traditional and unique skill development and training techniques, carried out by highly experienced swim coaches and instructors who are backed by special education professionals. Classes will be taught in small groups of three or four participants. Participant to instructor ratios are maintained at no higher than 2 to 1. Each group will be formed so that the participants are similar in age and skill level. A limited number of private lessons are also available (call to inquire). Our staff is fully capable of accommodating young adults having a wide variety of swimming skill levels.

Whether the participant's initial goal is comfort and safety in the water, acquiring basic swimming skills, stroke technique and improvement or swim team training, SPORTS PLUS has a class for you! Fun, proper technique, social skills and safety are stressed at all classes.

Each class features both individual and small 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 **Quince Orchard Swim & Tennis Club**, 16601 Roundabout Drive, 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 or contact the SPORTS PLUS program at (301)452-3781 or by e-mail at sportsplus@comcast.net.

<u>Day</u>	<u>Times</u>	<u>Dates</u>
Saturday Q. O. Swim & Tennis	1:00pm 1:30pm	Feb. 25- March 24

Sports Plus Group, Inc.
P.O. Box 83274 Gaithersburg, MD 20883
Phone: 301.452.3781 / Fax: 301.869.7498
www.playsportsplus.org

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

FIRST PREFERENCE CLASS TIME: _____ SECOND PREFERENCE CLASS TIME: _____
*** Preferred class time 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: \$144 per participant (group lessons) \$195 per participant (private lessons) *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 _____

Please check all of the things that participant can already do:

- | | |
|---|---|
| <input type="checkbox"/> Fully submerge for at least 3 seconds | <input type="checkbox"/> Combine arms and kick on front and/or back |
| <input type="checkbox"/> Float on their front and/or back with support | <input type="checkbox"/> Swim the width of the pool, any stroke |
| <input type="checkbox"/> Float on their front and/or back without support | <input type="checkbox"/> Swim the length of the pool, any stroke |
| <input type="checkbox"/> Push off wall on front and/or back and glide | <input type="checkbox"/> Needs only stroke technique and improvement work |

Participant would like to get the following out of their lessons: (i.e. overcome fear, learn basic skills, improve strokes, etc.)

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 Swim Program, I agree that neither my guardian nor I will make a claim against, sue, attach the property of or prosecute Sports Plus, Quince Orchard Swim & Tennis Club (QOSTC) 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, QOSTC 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 Swim 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 SWIMMING INVOLVES 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, QOSTC 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, QOSTC 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: _____