

CLEVELAND BROWNS

ADAPTED FOOTBALL LEAGUE



REGISTER TODAY!

Registration is open to children and young adults ages 7 years and older with physical limitations and/or cognitive/developmental delays. We offer two divisions to accommodate all abilities.



2019 LOCATIONS

EAST: BEDFORD HEIGHTS • Games played on Saturday mornings beginning May 25

WEST: BEREA • Games played on Saturday mornings beginning May 25

WEST: MIDDLEBURG HEIGHTS • (Wheelchair) • Games played on Monday evenings beginning June 3

\$85 REGISTRATION includes a game jersey with player's last name and favorite number
(registration deadline is May 12 - space is limited)



FOR MORE INFORMATION OR TO REQUEST A REGISTRATION PACKET VISIT

WWW.ACHIEVEMENTCENTERS.ORG/SPORTS

OR CONTACT MIKE URBAN, MANAGER OF SPORTS SERVICES

440.238.6200 EXT 245 • MIKE.URBAN@ACHIEVEMENTCTRS.ORG



THE ADAPTED FOOTBALL LEAGUE IS FUNDED IN PART BY BROWNS GIVE BACK.
TO LEARN MORE, PLEASE VISIT CLEVELANDBROWNS.COM/ADAPTEDFOOTBALL



**ACHIEVEMENT CENTERS FOR CHILDREN
CLEVELAND BROWNS
2019
ADAPTED FOOTBALL LEAGUE APPLICATION**

Office Use Only
Initials _____
Date _____

PLEASE COMPLETE EVERY ITEM

New to football Returner

Name of Participant: _____

Home Address _____ City _____ State _____ Zip _____

County: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Email: (PRINT clearly) _____
(Valid email is required to receive reminders, updates, special event offers and weather related cancellations)

Date of Birth ____/____/____ Age ____ (Must be 7 years or older before May 25th) Height ____ Weight ____ Sex: M F

Does participant need 1 on 1 supervision: NO YES – please explain: _____

***If during the practices/games it is determined that your child needs additional supervision to ensure the safety of our participants and the progression of the program, you may be asked to provide assistance.**

Applicant has participated in Achievement Centers Adapted Sports program before YES NO
If no, please complete the Player Skills Self-Assessment form included.

Participant is his/her own legal guardian: YES NO

<i>Please circle Parent / Guardian / Caregiver / Group Home</i>		
Name _____		
Address _____		
City _____	State _____	Zip _____
Home Phone (____) _____		
Email Address _____		
Work Phone (____) _____		
Cell Phone (____) _____		

<i>Please circle Parent / Guardian / Caregiver / Group Home</i>		
Name _____		
Address _____		
City _____	State _____	Zip _____
Home Phone (____) _____		
Email Address _____		
Work Phone (____) _____		
Cell Phone (____) _____		

\$85 registration fee MUST be included with this application (unless special funding is requested). If registering online a payment must be made to complete the registration. Fee covers participation, player jersey and awards.

Last name of participant will appear on your jersey (Print clearly) _____

Indicate your favorite number # (0-99) _____ (if no # is indicated you will receive #19)

Shirt size: (please circle shirt size) YS YM YL S M L XL 2XL 3XL

*****Registration deadline is May 12th in order to receive your personalized jersey and number*****

Adapted Football League – Division I - practices and games are played on Saturday mornings in Bedford (EAST) and Berea (WEST), beginning May 25, 2019, unless noted (see schedule). **Division II (Wheelchair)** – practices and games are played on Monday evenings in Middleburg Heights, beginning June 3, 2019, unless noted (see schedule).

All participants will be evaluated at the first practice to determine their skill level in order to assign them to their appropriate group. Adjustments will be made when necessary.

Please indicate your division choice:

- Division I** – for participants with cognitive/ developmental delays, played on a grass/turf field, without the use of any assistive equipment.
- Division II – (Wheelchair)** - for participants with physical limitations and cognitive and/or developmental delays played on a hardtop surface using a manual or power wheelchair.

Please indicate your location choice: (Each location requires a minimum number of participants)

- (EAST) Bedford (**Division I only**)
- (WEST) Berea (**Division I only**)
- (WEST) Middleburg Heights (**Division II – Wheelchair only**)

Please complete if applicable:

Does client receive support from a County Board of Developmental Disabilities Family Support Services Program or Family Resource Program: YES NO County Name: _____

If client has a County Board of Developmental Disabilities Support Administrator (SA), please provide:

SA Name: _____ Phone # _____

Does client/family want The Achievement Centers for Children to request funding from the County Board for this Adapted Sports registration: YES NO

Foster Care - If client is in foster care, please complete.

DCFS Social Worker: _____ Phone #: _____

Please sign below stating that you have read and understand the information listed in the application. If the application is not signed, it will not be processed.

Parent/Guardian/Participant Signature

Date



Please return the application, **\$85 registration fee**, and the attached forms completed, signed and dated to:

Achievement Centers for Children
Adapted Sports
15000 Cheerful Lane
Strongsville, OH 44136

ATTENTION: All forms will be collected on a calendar year basis and will be applicable to all recreation programs. Only those additional forms needed for the program, or those not on file, will be forwarded for signature.

Direct any questions to Mike Urban, Manager of Sports Services at 440-238-6200 ext. 245
or email at mike.urban@achievementctrs.org



Adapted Sports Participation Release, Waiver, and Assumption of Risk Agreement

I, _____ desire to participate in the Achievement Centers for Children sports and recreation program (the "Program"). In consideration of my being allowed to participate in the Program, which may include fitness workouts, adapted sports clinics and activities, and adapted sports competitions, I hereby acknowledge and agree as follows:

1. I am fully informed or otherwise aware of, and fully assume, all risks to person or property in connection with my participation in the Program (including, but not limited to, damage and loss of property, and/or bodily injuries). I have medical insurance coverage appropriate for my participation and have provided evidence of such insurance coverage and emergency contact information to the Program. The Program shall not provide any insurance for me in connection with my participation in the Program.
2. I fully and forever RELEASE, WAIVE AND DISCHARGE and COVENANT NOT TO SUE, the Achievement Centers for Children (including, but not limited to, its parents, subsidiaries, affiliates, divisions, operating units, assigns, employees, agents, and representatives), from any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses arising, directly or indirectly, in connection with my participation from any cause whatsoever (including, but not limited to, damage or loss of property and/or bodily injuries), whether or not foreseeable or contributed to by the acts or omissions of the Achievement Centers for Children or others.
3. I shall INDEMNIFY AND HOLD HARMLESS the Achievement Centers for Children (including, but not limited to, its parents, subsidiaries, affiliates, divisions, operating units, assigns, employees, agents, and representatives) for and from any and all demands, claims, actions, suits, damages, losses, liabilities, cost and expenses arising, directly or indirectly, as a result of any intentional or negligent acts or omissions by me or any injury to me (including, but not limited to, damage and loss of property and/or bodily injuries), whether or not foreseeable or contributed to by the acts or omissions of the Achievement Centers for Children or others.
4. Permission is hereby granted for Participant to receive any and all emergency medical/dental treatment and/or first aid, including authorizing any medical treatment facility/hospital to administer emergency treatment for any illness, injury or accident resulting from participation in the Program.
5. This Agreement constitutes the entire agreement, and supersedes any prior or contemporaneous agreements, understandings or negotiations, with respect to the subject matter hereof. This Agreement (i) may not be amended or modified, by course of conductor otherwise, and (ii) may not be assigned or transferred, in whole or in part, except in writing duly executed by me and by the Achievement Centers for Children. This agreement shall be governed by, and construed and enforced in accordance with, the laws of the State of Ohio, without regard to the conflicts or choice of law principals thereof, and shall be as broad and inclusive as permitted by such laws. In the event any provision of this Agreement shall be held unenforceable by a court of competent jurisdiction, such unenforceability shall not affect any other provision, and this Agreement shall be construed as if such provision, to the extent of such unenforceability, had not been incorporated herein.

Signature of participant

Date

Parent/Guardian Signature
(If participant is a minor or an adult with a developmentally disability)

Date of birth & social security number (if participant is a minor or an adult with a developmental disability)



Achievement Centers For Children (ACC)
Recreation Department Authorization Release

Office Use Only
Initials _____

Client Name: _____ (please print)

I, _____ understand that by giving a 'yes' permission
(Client, Parent, Guardian – please print)
below that I authorize the ACC the use of the my/my child's picture, voice, or
demographic information in print or non-print materials.

PLEASE CHECK THE APPROPRIATE BOX BELOW:

[] YES, I give permission to use in print and non-print materials including but not
limited to: Brochures, Newsletters, Annual Report, Program Flyers, Miscellaneous
publications, Public Service Announcements, Films, Audio tapes, Video tapes,
Advertisements, Commercials, Websites, Webcasts, Streaming, Broadcasts (Radio and
Television, including cable and satellite transmissions), agency social media sites (ie:
Facebook page, Flickr, YouTube, etc.)

I release ACC, its personnel and any other persons making or handling the records from
any liability.

I understand this release is good for the life of the print material and/or non-print
material.

I understand that I have the right to revoke/withdraw this consent at any time in
writing with my signature and giving it to the Development Department. My
revocation/withdrawal will be effective except to the extent that ACC has taken action in
reliance on my authorization.

[] NO, I do NOT give permission for the ACC to use my/my child's picture, voice, or
demographic information in print or non-print materials.

Client/Parent/Guardian Signature

Date

RELEASE, WAIVER AND INDEMNITY AGREEMENT

CLEVELAND BROWNS FOOTBALL COMPANY LLC, CLEVELAND BROWNS STADIUM COMPANY LLC, and/or the CLEVELAND BROWNS FOUNDATION (individually and collectively the "Browns") is providing the undersigned individual ("Releasor") and the Achievement Centers for Children, an opportunity to participate in various events hosted by the Browns from May 1, 2019 through April 30, 2020 (collectively, the "Activity"), such as Browns Adapted Football League, Cleveland Browns Training Camp, and similar events. In consideration of being permitted to participate in the Activity, Releasor hereby agrees as follows:

Releasor, on behalf of his/her heirs, assigns, and successors, hereby unconditionally and forever RELEASES, WAIVES ANY CLAIM, COVENANTS NOT TO SUE AND AGREES TO INDEMNIFY the Browns, the City of Cleveland, the National Football League and each of their respective affiliates, direct and indirect owners, officers, sponsors, employees, partners, and members, and the other promoters, sponsors, employees, advertisers, volunteers and any others involved with such activities (collectively, the "Releasees"), from and concerning any and all liability, for any loss or damage, and from any claim or damage (collectively, the "Losses"), in connection with the Activity, including, without limitation, all times that the Releasor is physically present at the site of any activities related thereto, regardless of whether such Losses are (i) personal to Releasor or raised by a third party, (ii) relating to injury to any person (including death) or property, or (iii) caused by the negligence of such Releasees or otherwise.

Releasor acknowledges and understands that participation in the Activity requires vigorous physical activity. Releasor represents that s/he has been examined by a licensed physician recently and is in good health and further represents that s/he is not aware of any current or previous health condition that may give rise to a concern regarding participation in the Activity and is under no instruction or advice to limit his/her activity in any way. Releasor acknowledges and understands that participation in the Activity may involve physical contact and exposes Releasor to risk of serious injury or death. Nevertheless, Releasor fully assumes all risks of injury and death.

Should routine first aid or emergency medical needs arise, Releasor authorizes representatives or agents of the Releasees to provide or consent to necessary treatment on Releasor's behalf. Releasor hereby releases and holds harmless Releasees from any and all claims or liability arising from the provision or authorization of medical treatment.

Releasor understands the Browns will make photographic, video, audio and other recordings of the Activity and agrees that the Browns will be the exclusive owners of such recordings and images. Releasor hereby grants to the Browns the unconditional, irrevocable and absolute right and permission to make, reproduce, broadcast, or otherwise use, in perpetuity, his/her image, name, likeness, portrait or other depictions, recorded voice and biographical material throughout the universe and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, commerce, promotion or any other purpose, without further compensation.

Releasor agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Releasor further agrees that ANY CONTROVERSY OR CLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT, OR THE BREACH THEREOF, SHALL BE SETTLED BY BINDING ARBITRATION ADMINISTERED BY THE AMERICAN ARBITRATION ASSOCIATION ("AAA") IN ACCORDANCE WITH ITS COMMERCIAL ARBITRATION RULES, AND JUDGMENT ON THE AWARD RENDERED BY THE ARBITRATOR(S) MAY BE ENTERED IN ANY COURT HAVING JURISDICTION THEREOF. ANY ARBITRATION SHALL TAKE PLACE IN THE CITY OF BEREA, OH.

Releasor has carefully and fully read this Release and Waiver and fully understands its contents and signs this Release and Waiver as his or her own free act.

Adult Participant (Age 18+)	Underage Participant
<p>I hereby represent and warrant that I am at least 18 years of age.</p> <hr/> <p>Signature of Participant Date</p> <hr/> <p>Printed Name of Participant</p> <hr/> <p>Address</p> <hr/> <p>City State Zip</p>	<p style="text-align: center;">FOR EACH PARTICIPANT UNDER 18, THE PARENT OR GUARDIAN MUST FILL OUT A SEPARATE WAIVER AND USE THIS SECTION ONLY</p> <p>I hereby represent and warrant that I am at least 21 years of age and am the parent or legal guardian of the Participant listed below.</p> <hr/> <p>Signature of Parent or Legal Guardian of Participant Date</p> <hr/> <p style="text-align: center;">/</p> <p>Printed Name of Parent or Legal Guardian / Printed Name of Child Participant</p> <hr/> <p>Address</p> <hr/> <p>City State Zip</p>

TO BE COMPLETED ONLY IF CLIENT HAS NOT PARTICIPATED IN
AN ADAPTED SPORTS PROGRAM PREVIOUSLY



Achievement Centers for Children
Adapted Sports Program

Player Skills Self-Assessment Form

Name of Participant _____

GENERAL INFORMATION FOR ALL RECREATIONAL PROGRAMS

Primary Disability _____

Secondary Disability (if applicable) _____

School or workshop currently attending _____ Grade _____ Age _____

Enrolled in special class? YES or NO What type? _____

Enrolled in therapy? YES or NO What type? _____

SPECIAL CONCERNS: Please check all that apply

- Shyness
- Divorced or separated parents
- Physical activity must be monitored or restricted (Explain) _____
- None/no special concerns

SOCIAL CONCERNS: Please check all that apply

- Reacts to frustration
- Does not like group participation
- Has poor peer relationships
- Does not like supervision or authority
- None/no concerns

LANGUAGE AND COMMUNICATION: Please check all that apply

- Uses sign language
- Uses Communication Device
- Picture exchange
- Has difficulty speaking
- Has difficulty being understood
- Understands verbal instructions
- Has no communication needs

Please describe special words and phrases used at home that would be helpful for communication: _____

EQUIPMENT: Please check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Able to walk alone | <input type="checkbox"/> Uses hearing aid |
| <input type="checkbox"/> Uses crutches or cane | <input type="checkbox"/> PE Tubes |
| <input type="checkbox"/> Uses walker | <input type="checkbox"/> Eyeglasses |
| <input type="checkbox"/> Uses wheelchair/manual | <input type="checkbox"/> AFO's |
| <input type="checkbox"/> Needs assistance pushing wheelchair | <input type="checkbox"/> None/no equipment |
| <input type="checkbox"/> Uses wheelchair/power | <input type="checkbox"/> Other (Explain) |

Will any equipment accompany client to the program? YES or NO Explain _____

BEHAVIORS: Has client ever displayed the following? Please check a response for each:

- | | | | |
|----------------|-------------------------------|----------------------------|-----------------------------|
| Hitting | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Pinching | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Biting | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Kicking | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Spitting | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Scratching | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Bullying | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Swearing | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Wandering | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Withdrawal | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Impulsivity | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Non-compliance | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Mood Swings | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |
| Anxiety | <input type="radio"/> Current | <input type="radio"/> Past | <input type="radio"/> Never |

Please describe any behaviors or behavior strategies: _____

FOR CLIENTS PARTICIPATING IN ADAPTED SPORTS

Please circle: **Baseball Basketball Football Soccer Swimming**

Height: _____ **Weight:** _____

COORDINATION: Please check all that apply

- | | | | |
|--------------------|----------------------------|----------------------------|----------------------------|
| Right Arm/Hand Use | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Poor |
| Left Arm/Hand Use | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Poor |
| Right Leg/Foot Use | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Poor |
| Left Leg/Foot Use | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Poor |
| Balance | <input type="radio"/> Good | <input type="radio"/> Fair | <input type="radio"/> Poor |

SENSORY ISSUES: Please check all that apply

- Tactile/Touch
- Auditory/Sound
- Visual
- Balance
- Clumsiness
- None/No sensory concerns

Explain sensory concerns and/or strategies: _____

TRUNK CONTROL: Please check all that apply

- Sits up on own
- Hypertonic movement (High tone – rigid/tight muscle movement)
- Hypotonic movement (Low tone – loose flexibility)

- | | | |
|--|------------------------------|-----------------------------|
| Can participant walk independently | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Can participant run independently | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Can participant throw a ball | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Can participant catch a ball | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Can participant hold their head up independently | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

PLEASE READ CAREFULLY: I give consent for myself or my child to participate in the activities of the Achievement Centers for Children's Recreational Programs.

Signature of Participant / Parent / Guardian

Date



ACHIEVEMENT CENTERS for CHILDREN CLEVELAND BROWNS 2019 ADAPTED FOOTBALL LEAGUE SCHEDULE



BEDFORD - (EAST)			
<u>DATE</u>	<u>EVENT</u>	<u>TIME</u>	<u>LOCATION</u>
5/25/2019	Skills Session	10AM-11:30AM	Camp Cheerful - 15000 Cheerful Lane, Strongsville, OH 44136
6/1/2019	Skills Session	10AM-11:30AM	Camp Cheerful - 15000 Cheerful Lane, Strongsville, OH 44136
6/8/2019	Game 1	10AM-11:30AM	Heskett Middle School - 5771 Perkins Rd, Bedford Heights, OH 44146
6/15/2019	Game 2	10AM-11:30AM	Heskett Middle School - 5771 Perkins Rd, Bedford Heights, OH 44146
6/22/2019	Game 3	10AM-11:30AM	Heskett Middle School - 5771 Perkins Rd, Bedford Heights, OH 44146
6/29/2019	Game 4	10AM-11:30AM	Heskett Middle School - 5771 Perkins Rd, Bedford Heights, OH 44146
7/6/2019	OFF - HOLIDAY	OFF	OFF
7/12/2019	FRIDAY NIGHT LIGHTS	8PM-9:30PM	Padua Franciscan High School - 6740 State Road, Parma, OH 44134
7/20/2019	ALL-STAR GAME	10AM-12:00PM	Berea Training Facility - 76 Lou Groza Blvd, Berea, OH 44017
BEREA - (WEST)			
<u>DATE</u>	<u>EVENT</u>	<u>TIME</u>	<u>LOCATION</u>
5/25/2019	Skills Session	10AM-11:30AM	Camp Cheerful - 15000 Cheerful Lane, Strongsville, OH 44136
6/1/2019	Skills Session	10AM-11:30AM	Camp Cheerful - 15000 Cheerful Lane, Strongsville, OH 44136
6/8/2019	Game 1	10AM-11:30AM	Lou Groza Field - 7220 Pleasant Ave, Berea, OH 44017
6/15/2019	Game 2	10AM-11:30AM	Lou Groza Field - 7220 Pleasant Ave, Berea, OH 44017
6/22/2019	Game 3	10AM-11:30AM	Lou Groza Field - 7220 Pleasant Ave, Berea, OH 44017
6/29/2019	Game 4	10AM-11:30AM	Lou Groza Field - 7220 Pleasant Ave, Berea, OH 44017
7/6/2019	OFF - HOLIDAY	OFF	OFF
7/12/2019	FRIDAY NIGHT LIGHTS	8PM-9:30PM	Padua Franciscan High School - 6740 State Road, Parma, OH 44134
7/20/2019	ALL-STAR GAME	10AM-12:00PM	Berea Training Facility - 76 Lou Groza Blvd, Berea, OH 44017
MIDDLEBURG HEIGHTS - (WHEELCHAIR)			
<u>DATE</u>	<u>EVENT</u>	<u>TIME</u>	<u>LOCATION</u>
6/1/2019	Skills Session	10AM-11:30AM	Camp Cheerful - 15000 Cheerful Lane, Strongsville, OH 44136
6/3/2019	Skills Session/Game 1	6PM-7:30PM	Grace Church - 7393 Pearl Road, Middleburg Heights, OH 44130
6/10/2019	OFF - NO GAME	OFF	OFF - Grace Church in unavailable due to a special event
6/17/2019	Game 2	6PM-7:30PM	Grace Church - 7393 Pearl Road, Middleburg Heights, OH 44130
6/24/2019	Game 3	6PM-7:30PM	Grace Church - 7393 Pearl Road, Middleburg Heights, OH 44130
7/1/2019	OFF - HOLIDAY	OFF	OFF
7/8/2019	Game 4	6PM-7:30PM	Grace Church - 7393 Pearl Road, Middleburg Heights, OH 44130
7/12/2019	FRIDAY NIGHT LIGHTS	8PM-9:30PM	Padua Franciscan High School - 6740 State Road, Parma, OH 44134
7/15/2019	Game 5	6PM-7:30PM	Grace Church - 7393 Pearl Road, Middleburg Heights, OH 44130
7/20/2019	ALL-STAR GAME	10AM-12:00PM	Berea Training Facility - 76 Lou Groza Blvd, Berea, OH 44017

Inclment weather - Check your email one hour before each scheduled practice/game for cancellation or call 440-667-5947