

# Achievement Centers for Children Adapted Soccer Clinic



**Dates:** January 18, 2020–February 29, 2020 (Saturdays)

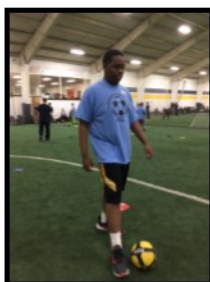
**Time:** 10:00am-11:30am

**Location:** Force Indoor Sports

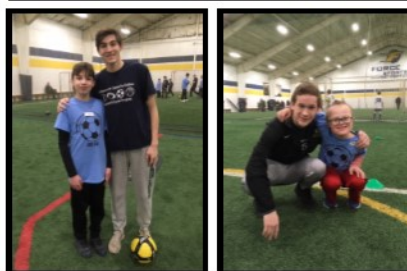
21220 Center Ridge Road

Rocky River, OH 44116

**Cost:** \$85



- Learn and play soccer
- 90 minute sessions
- Quality instruction
- Skills development
- Great exercise
- T-shirt
- Have fun!



The adapted soccer clinic is open to children and young adults 7 years and older with physical limitations and/or cognitive/developmental delays.

*(Wheelchair power soccer is also available—call for details.)*

SPACE IS LIMITED

**\*\*\*Registration deadline is January 10th\*\*\***

**Contact Mike Urban, Manager of Sports Services at (440) 238 –6200 ext. 245  
for more information.**



Go to [www.achievementcenters.org/sports](http://www.achievementcenters.org/sports)  
to download an application or register online.



Office Use Only
Initials _____
Date _____

## ACHIEVEMENT CENTERS FOR CHILDREN

# 2020 ADAPTED SOCCER CLINIC APPLICATION

PLEASE COMPLETE EVERY ITEM

 NEW

 RETURNER

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_  
Street
Apt #
City
State
Zip

County \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**(A valid email is important so you can receive updates, changes, or weather related cancellations.)**

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ (Must be 7 years or older before Jan. 18th) Height \_\_\_ Weight \_\_\_ Sex: M  F

Does participant need 1:1 supervision  NO  YES-please explain: \_\_\_\_\_

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

Participant is his/her own legal guardian:  YES  NO

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

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

**Adapted Soccer Clinic** – The clinic is for children and young adults 7 years and older with physical limitations and/or cognitive/developmental delays. The clinic is designed for all skill levels. Clinic meets Saturdays, January 18, 2020 – February 29, 2020, 90 minute sessions, at Force Indoor Sports, 21220 Center Ridge Rd., Rocky River, OH 44116 from 10:00am – 11:30am.

**\*\*\*Registration deadline is January 10<sup>th</sup>\*\*\***

**\$85 registration fee** must be included with this application (includes: t-shirt). Registration fee covers all session dates. The fee is not prorated for missed sessions.

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

**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

**\*\*\*Funding must be secured prior to 1/10/20 or the registration fee should be included with the registration\*\*\***

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

DCFS Social Worker: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Achievement Centers for Children Services**

Check here if interested in receiving services and/or information about Outpatient Services offered through the Achievement Centers for Children. Circle all that apply: OT   PT   ST   MH   Counseling

**Attention all Applicants:** All forms will be collected on a calendar-year basis and will be applicable to all recreational programs. If you participated in adapted sports programs previously you must complete the required forms for **2020**.

If a client registers for multiple recreational programs throughout the year, only those additional forms needed for the program will be forwarded for signature.

**Please sign below stating that you have read and understand the information included 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 applicable forms to the address below.** Applications will not be processed and players will not be permitted to participate without paying the registration fee.

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

Direct any questions to Mike Urban, Manager of Sports Services at 440-238-6200 ext. 245  
or email at [mike.urban@achievementctrs.org](mailto: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 Authorization for Photography and Related Information

(includes all electronic media – photography, videography, and voice recordings)

Printed Client Name: \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE BOX BELOW:**

**YES**, I give authorization to the Achievement Centers for Children (ACC) to use my/my child's name, likeness, voice, photograph, demographic, and diagnosis and related information in any print media, online use, advertising and publicity media, including audio recordings, television, radio, and video, social media and websites, without limitations or reservations. All such materials shall be the exclusive property of the Achievement Centers for Children now and in the future.

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

I understand that I have the right to revoke/withdraw this authorization at any time in writing with my signature and giving it to the Development Department of the Achievement Centers for Children. 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 authorization to use my/my child's name, likeness, voice, photograph, demographic information, diagnosis and related information in print or non-print materials.

\*\*\*\*\*

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

\_\_\_\_\_  
Printed Client/Parent/Guardian's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Client (mother, father, guardian, etc.)

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Achievement Centers for Children Development and Marketing Department  
4255 Northfield Road, Highland Hills, Ohio 44128 216-292-9700

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