



# Don't DIS my ABILITY!

**Description:** Physical education class for those with special needs. We will play various sports and activities to help keep the athletes excited and moving through the summer.

**Registration:** May 7th-June 11th

**Ages:** Co-Ed 4 yrs. and Up (including adults)

**Season:** Mondays, June 18th-August 13th

**Time:** 5:30-7:00pm

**Cost:** \$10 per athlete (includes ALL 8 sessions)

**scholarships available**

**Location:** Youth Center Big Gym

Payment due at registration.

May register by phone or at front desk.

Please find the schedule of activities and waiver on the back.



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

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

School Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

- Yes, Coach
- Yes, Volunteer

Level of assistance the participant requires:

- None
- Some assistance
- Must have assistance to participate

\_\_\_\_\_  
Coach's Name

\_\_\_\_\_  
Phone

Date	Activity
6/18	Basketball
6/25	Volleyball
7/9	Swimming
7/16	Whiffle Ball
7/23	Relay Races
7/30	Swimming
8/6	Ultimate Frisbee
8/13	Indoor Soccer

### WAIVER

In consideration of my participation in the 2018 Champions Phys Ed I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any rights and claims which I may hereafter accrue to me against the Defiance Area YMCA and all other employees involved in the 2018 Champions Phys Ed while traveling to and from the games, and/or assigns for any and all injuries suffered by me at these events. I understand the risks and dangers involved in participating in such programs and agree not to participate in any activity that may injure myself or others.

### PHOTO RELEASE

I give consent for my child's photographs and/or video to be used for the promotion and publicity of the Defiance Area YMCA.

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

Parent's Signature \_\_\_\_\_ Photo Release YES NO

Brief Medical history \_\_\_\_\_

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