



Summer 2011

Dear Volunteer,

Thank you for your interest in Sports-tacular XI, our adaptive sports weekend program at Camp Dearborn in Milford. Enclosed please find a registration form and a waiver form. Complete the registration form and sign the waiver, then return them to the address below 10 days before the event is to take place.

**Jill Ellison
Re: Sports-Tacular
42005 W. 12 Mile Rd.
Novi, MI 48377**

If you have not volunteered yet this season at our Pontiac Lake events, you will also find included a copy of our "Volunteer Guidelines and Policies" for you to review.

Please note that your completed registration tells us your intent to be at the event at the date(s)/time(s) you indicate, and we will be counting on you to be there. If, for some reason you are unable to meet this commitment, please notify Jill Ellison at 248-305-7366. If there is a last minute change in your plans the day we are expecting you, please notify Jill at 248-807-0394.

Due to serious risks involved with outdoor recreation, it is necessary that a volunteer coming with minor participant(s), as a legal guardian of participant(s), or as a staff person from a facility be responsible for his/her respective participant(s). MAS cannot be responsible for participants' safety while they are waiting for their event to begin or while observing activities. For those coming in groups, we also expect that there will be a proper amount of staff persons in attendance to ensure the safety of the people they are bringing.

Camp Dearborn is located at 1700 General Motors Road in Milford, 48380. If you need directions, please call.

We are looking forward to seeing you soon!

Michigan Adaptive Sports Summer Program Coordinators

Sports-tacular XI

September 9, 10 & 11 2011

Camp Dearborn, Milford

VOLUNTEER REGISTRATION FORM

(PLEASE PRINT CLEARLY)

Name _____ Sex _____ Age _____
DOB _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Eve) _____

Email Address _____

Emergency Contact: Name _____ Phone _____

Health Insurance Company _____

Doctor's Name _____ Phone _____

Disability (if applicable) _____

SPORTS-TACULAR XI SCHEDULE OF EVENTS

Friday, September 9	Camping Check-In Dinner for Volunteers	4-8PM 6PM
Saturday, September 10	Registration Warm-up/Orientation Sports Clinics Lunch Sports Clinics Dinner/DJ Dance	8-8:30 AM 8:30-9 AM 9:30AM-12PM 12PM-1PM 1PM-4PM 6PM-10PM
Sunday, September 11	Breakfast Warm-up/Orientation Sports Clinics Lunch Closing	8AM-8:30AM 8:30AM-9AM 9:30AM-12PM 12PM-1PM 1PM

Sports-tacular XI Volunteer Registration (contd) Name _____

CAMPING: For volunteers coming consecutive days, we have secured tents/cabins. Each tent has a cement foundation and is equipped with six cots, a refrigerator/stove unit, electrical outlets, grills and patio/picnic table area. There is no charge to volunteers for camping.

PLEASE CIRCLE THE DATES/ TIMES YOU PLAN TO ATTEND:

FRIDAY, SEPTEMBER 9th : I can help with set-up _____ (4-8PM or camp overnight)
I PLAN TO BE AT EVENING DINNER _____ Yes _____ No

SATURDAY, SEPTEMBER 10th: 8AM-4PM 8-12 PM 12-4 PM
I PLAN TO BE AT EVENING DINNER _____ Yes _____ No

SUNDAY, SEPTEMBER 11th : 8-12 PM

DO YOU WISH TO VOLUNTEER:

_____ WITH SPORTS LESSONS

If you choose this, do you have a preference for:

- Kayaking _____
- Handcycling _____ (Bring a bicycle)
- Fishing _____
- Golf _____
- Tennis _____
- Quad-Rugby _____

Indicate preferences with 1, 2...through 7.

_____ AS A GENERAL HELPER food, transporting people & equipment, etc.

_____ WITH REGISTRATION

KNOWLEDGE/EXPERIENCE REGARDING DISABILITIES/PERSONS WITH DISABILITIES:

Job experience _____

Other experience _____

CPR CERTIFIED? _____ ; if yes, expiration date _____ (send copy of card)

FIRST AID TRAINING? _____ ; type (Basic, Advanced, Water rescue) _____

SWIMMING LEVEL? _____

EXPERIENCE WITH ANY OF THESE SPORTS (WATER SKIING, KAYAKING, HANDCYCLING, TENNIS, GOLF, FISHING)? _____

Please indicate if you plan to camp by circling the night(s):

Friday, September 9th

Saturday, September 10th

MAS & DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM

Please note: there are two places on this sheet that require a signature

MAS & DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in MICHIGAN ADAPTIVE SPORTS OR DISABLED SPORTS USA's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise MICHIGAN ADAPTIVE SPORTS OR DISABLED SPORTS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue MICHIGAN ADAPTIVE SPORTS OR DISABLED SPORTS USA, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.		
X		
	Participant's Name (PLEASE PRINT CLEARLY) Signature	Date

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X		
	Parent's Signature & Emergency Phone	Name & Date (PLEASE PRINT CLEARLY)

MEDIA RELEASE FORM

Name _____ Age _____ Male ___ Female ___
 (PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Michigan Adaptive Sports or Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this MAS or DS/USA event. I further agree that MAS or DS/USA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature of Participant/Guardian

TO BECOME A MEMBER, OR TO RENEW YOUR MEMBERSHIP FOR THE NEXT CALENDAR YEAR, PLEASE COMPLETE THE BOTTOM OF THIS PAGE AND RETURN IT WITH YOUR DUES PAYMENT TO:

**MICHIGAN ADAPTIVE SPORTS
4301 Orchard Lake Rd Ste 180/B200
West Bloomfield, MI 48323**

DUES: \$25 per year

Checks should be made payable to Michigan Adaptive Sports, or MAS

MEMBERSHIP PERIOD: January 1-December 31 (mailing labels indicate NM for non-members and a year for the last year of membership...single digit).

BENEFITS OF MEMBERSHIP:

- 1) Mailings of all MAS communications regarding upcoming events and activities
- 2) Information on events and activities being sponsored by other groups in this area and other areas
- 3) Priority over non-members in MAS-sponsored events and activities
- 4) Voting privileges in MAS
- 5) Membership in a Chapter of the national organization of Disabled Sports USA, from whom you are eligible for discounted fees at Disabled Sports USA national events
- 6) **Most importantly...you'll be part of what's happening these days in adaptive recreation in this area!**

MEMBERSHIP APPLICATION

MICHIGAN ADAPTIVE SPORTS

Please count me in as a member! I am enclosing membership dues in the amount of \$25, which I understand will be good through December 31, 2011.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Day phone #: (____) _____ **Evening phone #:** (____) _____

Email address: _____

Would you like to receive your newsletter by mail or email (when we are prepared to do the latter)?

Mail

Email

Please check appropriate lines:

____ **Individual with a disability. Please describe disability:**

____ **Volunteer, relative, friend, supporter, health professional, advocate of persons with disabilities. Please describe your relationship or experience with persons with disabilities:**

____ **I am interested also in financial support or in volunteering my services to help in the growth and development of MAS. Do you have any special talents you would like to offer, such as planning special events, grant writing skills, working with promotional materials, computer skills, joining a committee? If so, we'd love to hear from you! Please describe any support you might be able to offer us.**