Y-Ability Team Ability (Ages 12—17)

Basketball

This is an introduction program dedicated to developing the skills necessary to transition into a Special Olympics program. Y-Ability programs integrates people, of all ages, with adaptive needs.

DATE & TIME
Introductory Session: June 1–30
Full Session: July 7–Aug 25
Practices held on Saturdays or Sundays depending on branch gym availability (approx. 45mins)

LOCATIONS
Stoughton, East Bridgewater, & Taunton
*Participants are able to choose their branch on the registration form

FORMAT
All participants will be assigned to a team coached by a Special Olympics trained volunteer.

VOLUNTEER TO BE A CHAMPION
This program incorporates adults with diverse abilities as champion coaches!

HOW TO REGISTER
Complete the registration form on the backside of this flyer and give it to your branch’s program contact (listed on registration form).
Prior to the first practices, participants will be contacted by the program’s registrar regarding team assignments.

FOR MORE INFORMATION
East Bridgewater | 508-378-3913 x305
Nik Fahey | NFahey@oldcolonyymca.org
Stoughton | 781-341-2016 x230
Adam Koufos | AKoufos@oldcolonyymca.org
Taunton | 508-823-3320 x109
Nick Mather | NMather@oldcolonyymca.org

This program/project was made possible in part by the Doug Flutie, Jr. Foundation for Autism.
This program is also brought to you by our generous donors, and Old Colony YMCAs Annual Campaign.
**HEALTH INFORMATION/MEDICAL INFORMATION & WAIVERS EMERGENCY CONTACT INFORMATION**

**Team—Ability Registration**

Participant First Name: ____________________________ Gender: ____________________________

Participant Last Name: ____________________________ Age (as of 5/1/19): ____________________________

**EAST BRIDGEWATER**
- [ ] Tuesdays 6:00pm
- [ ] Fridays 6:00pm

**STOUGHTON**
- [ ] Sundays 10:30am—11:15am
- [ ] Sundays 11:15am—12:00 noon

**TAUNTON**
- [ ] Sundays 11:00am—12 noon

Shirt Size:  XS  ☐  S  ☐  M  ☐  L  ☐  XL  ☐  XXL  ☐  XXXL  ☐

Parent/Guardian 1 Name: ____________________________ Parent/Guardian 2 Name: ____________________________

Preferred Daytime Phone (1): ____________________________ Preferred Daytime Phone (2): ____________________________

Preferred Email Address: ______________________________________________________________________________________

**EMERGENCY OR NON-EMERGENCY AUTHORIZED PERSON (LOCAL) WHO CAN PICK UP PARTICIPANT**

Contact Person 1: ____________________________ Phone: ____________________________ Relationship: ____________

Contact Person 2: ____________________________ Phone: ____________________________ Relationship: ____________

**ALLERGIES**

None Known  ☐  Please list all known allergies below:

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

Please explain reaction and treatment for the above allergies:

_____________________________________________________________________________________________________________________

If medication will be provided, please fill out the Authorization to Administer Medication

Is there anything that brings your child comfort or causes stress?:

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

Do you want to meet with staff about your child’s medical history? YES  ☐  NO  ☐

Comments:

_____________________________________________________________________________________________________________________

Do you want to volunteer or know someone who may? Yes, contact me for more information!  ☐

**PHOTO WAIVER**  It is understood and agreed that Old Colony Y reserves the right to take and utilize pictures, likenesses, videos and testimonials of participants for promotional purposes including but not limited to reports, publications, brochures, emails, our website and other instances of online presence in perpetuity.

ALLOW  ☐  DISALLOW  ☐

Parent/Guardian Signature __________________________________________ Date ______/_____/_______________