



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# REALIZE WHAT'S POSSIBLE



## 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@oldcolonymca.org](mailto:NFahey@oldcolonymca.org)

**Stoughton | 781-341-2016 x230**

Adam Koufos | [AKoufos@oldcolonymca.org](mailto:AKoufos@oldcolonymca.org)

**Taunton | 508-823-3320 x109**

Nick Mather | [NMather@oldcolonymca.org](mailto:NMather@oldcolonymca.org)

OLD COLONY YMCA  
[WWW.OLDCOLONYYMCA.ORG](http://WWW.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.

### 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 \_\_\_\_/\_\_\_\_/\_\_\_\_