

URI Adapted PE Program Application- Fall 2016

Application Form: URI Adapted Physical Education Program

Participant Information:

Name: _____

Address: _____

City/State/Zip: _____

Participant's Birthdate: _____

Parents' Names: _____

Daytime Phone: _____

Best time/day to call: _____

Cell Phone: _____

Evening Phone: _____

Emergency Contact: _____

Email Address: _____

Activity Selection: Activity sessions will be from 5:00-6:00pm on Wednesdays starting on September 16, 2015 and ending on December 9, 2015 with no cost for the semester. Please note that activities for the fall will take place in West Gym in the Tootell Aquatics Center or outside. Thank you. ☺

DISABILITY INFORMATION:

Please briefly describe the participant's disability and any medical or health problems.

Please be advised, it may be necessary that groupings or pairing is necessary due to smaller than expected coaching base. How do you feel about your child working with another child of similar learning style and swimming skill? If you have a certain "partner" in mind, please give name below (and be sure their parents agree!). If you prefer that your child not be paired, please indicate that. Acceptance will NOT be based on whether or not your child can be paired, but rather on first come- first acceptance as always.

CONSENT AND RELEASE:

I have read the information provided to me about the URI Adapted PE Program. I understand that there is a risk of physical injury involved in the PE activities offered through this program, as well as moving to and from the locker room and during dressing, and I agree to assume those risks for the above named participant. If the above named participant is injured, I understand that only basic first aid will be provided onsite and emergency care may be arranged through the medical facilities at the University of Rhode Island and South Kingstown as judged by program staff, and that I am responsible for paying for these services (including calls to 9-1-1). All reasonable safety procedures will be strictly adhered to and the University of Rhode Island and the URI Adapted PE program shall not be held responsible for injuries received by the participant or payment for any medical services.

I further understand that photographs or videotapes may be taken of program activities. I also understand that photographs and videotapes that include me may be used to provide information about the program and for educational purposes. Do you grant the URI Adapted PE Program permission to use these photographs/videotapes for educational purposes?

Please circle one:

YES

NO

Parent/Guardian signature

Date

Participant Signature

Date

Please send application and to:

Dr. Emily Clapham

Department of Kinesiology

25 West Independence Way, Suite P

Kingston, RI 02881