



SPORTS PLUS

Helping Children Realize Potential



Winter 2018 QO Special Needs Indoor Swim Program

SPORTS PLUS offers a full spectrum of swim instruction for participants with a wide variety of skills. SPORTS PLUS is a non-profit organization that offers uniquely structured coed sports programs for verbal children able to follow simple directions between the ages of 5 and 21 with mild to moderate autistic spectrum disorders, ADD/ADHD and other developmental disabilities. The SPORTS PLUS swim program is designed for children whose capabilities fit between existing mainstream swim programs and adaptive swim programs.

The SPORTS PLUS swim program features a blend of traditional and unique skill development techniques, carried out by experienced instructors and their assistants who are backed by special education professionals. We offer one on one private lessons. Group lessons are offered upon approval. We also offer a one hour swim team training program, at the QO location only, for those that are ready for a more endurance based practice (upon approval). Our staff is fully capable of accommodating children having a wide variety of swimming skill levels. Whether the initial goal for your child is comfort and safety in the water, acquiring basic swimming skills, stroke technique and improvement or swim team training, SPORTS PLUS has a class for you! Fun, proper technique, social skills and safety are stressed at all classes. Each class features both individual and small group instruction that is designed to be enjoyable and successful for all participants. The same instructors are present at all sessions to encourage a connection between participants and instructors. Typical siblings are also encouraged to enroll. The end result is a safe, successful, rewarding and exciting physical and social experience for children and their families.

Classes will be held at the **Quince Orchard Swim and Tennis Club**, located at 16601 Roundabout Way, Gaithersburg, MD 20878. Class space is extremely limited, so you are encouraged to register immediately. If you have any questions or need more information go to www.playsportsplus.org or contact the SPORTS PLUS program at [\(301\)452-3781](tel:3014523781) or by e-mail at sportsplus@comcast.net.

<u>Day</u>	<u>Times</u>	<u>Dates</u>
Quince Orchard Saturday 5-week session	12:00pm 12:30pm 1:00pm 1:30pm 2:00pm	Jan 13 - Feb 10

Sports Plus Group, Inc.
P.O. Box 83274 Gaithersburg, MD 20883
Phone: 301.452.3781 / Fax: 301.869.7498
www.playsportsplus.org

FIRST PREFERENCE CLASS TIME: _____ SECOND PREFERENCE CLASS TIME: _____

Preferred class time CANNOT be guaranteed due to limited space

Participant's Name: _____

Birth Date (MM/DD/YY): _____ Age: _____ Gender: _____

Parent Name: _____ Parent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email (mandatory): _____

Child's General Diagnosis: _____

Additional info you would like to tell us about your child: _____

Payment: \$195 per participant—private lessons; (group lessons upon approval) **Five week session**
\$195 per participant for SWIM TEAM (upon approval)

Check: (Made payable to Sports Plus) Check Number: _____

Credit Card: MasterCard VISA (Circle one) Name on card _____

Card Number: _____ Expiration _____ Security code _____

****All fees are non-refundable****

Please check all of the things you think your child can already do:

- | | |
|---|---|
| <input type="checkbox"/> Fully submerge for at least 3 seconds | <input type="checkbox"/> Combine arms and kick on front and/or back |
| <input type="checkbox"/> Float on their front and/or back with support | <input type="checkbox"/> Swim the width of the pool, any stroke |
| <input type="checkbox"/> Float on their front and/or back without support | <input type="checkbox"/> Swim the length of the pool, any stroke |
| <input type="checkbox"/> Push off wall on front and/or back and glide | <input type="checkbox"/> My child needs only stroke technique and improvement |

I would like my child to get the following out of their lessons: (i.e. overcome fear, learn basic skills, improve strokes, etc.)

I wish to make a tax-deductible contribution to Sports Plus in the amount of: _____

Consent and Liability Waiver - Release of all claims (must be signed by parent or guardian)

I, _____ (parent/guardian), am the parent or legal guardian of _____ (minor child). As lawful consideration for my minor child being permitted to participate in the Sports Plus Swim Program, I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute Sports Plus, Quince Orchard Swim & Tennis Club (QO) and their officers, directors, contractors, agents, sponsors, representatives and employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance Sports Plus, QO and their officers, directors, contractors, sponsors, agents, representatives and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my minor child's participation in the Sports Plus Swim Program, or any other activity except for liability that may arise out of the willful or wanton misconduct of Sports Plus, QO and their officers, contractors, agents, sponsors, suppliers, representatives and employees. I FURTHER UNDERSTAND THAT SWIMMING INVOLVES INHERENT RISKS AND DANGER, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS SPORTS PLUS, QO AND THEIR OFFICERS, DIRECTORS, AGENTS, SPONSORS, CONTRACTORS, SUPPLIERS, REPRESENTATIVES AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older, and that my child is in good health, physically fit and has no known medical conditions which prohibit safe participation in this activity and is covered by health insurance. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the program. I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from Sports Plus and their officers, trustees, agents, sponsors, suppliers, representatives and employees. I agree that Sports Plus, QO and their agents, sponsors, contractors and employees may use my child's photograph or video image in future promotions. I further agree to have an adult present and responsible for my child during class and that disruptive or aggressive behavior may be grounds for exclusion from the program at the sole discretion of Sports Plus.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE WITH ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND SPORTS PLUS, QO AND THEIR OFFICERS, DIRECTORS, AGENTS, CONTRACTORS, SPONSORS, SUPPLIERS, REPRESENTATIVES AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Signature: _____ **Print Name:** _____ **Date:** _____