City Of Surprise

Community and Recreation services

Adaptive Recreation Registration Packet

Buddy Basketball

The City of Surprise offers athletes (4 years and older) who have a physical and/or intellectual disability the opportunity to participate in our adaptive recreation program. Athletes may use a wheelchair to participate in this league.
All athletes must have a completed waiver, registration form and physical on file with the City of Surprise prior to participating.

The Buddy Basketball League was established to allow athletes who have a medically diagnosed disability the opportunity to participate in the game of basketball. Divisions will be created based upon age. This league is designed so that all participants can learn and enjoy recreational activities in a safe environment, while having fun! Buddies are utilized in this program to increase levels of success.

Practices Begin:	January 4th (Games/practice weekly)
Games:	This is a non competitive program
Location:	TBA
Cost:	Residents **$25**
	Non Residents **$35**
Ages:	**4-11 years (6-7pm) # 12540**
	12+ years (7-8pm) # 12541

<u>Please mail or hand deliver completed registration forms to:</u>
City of Surprise Community & Recreation Services, Attn: Joe Gladieux
15960 N. Bullard Avenue, Surprise, AZ 85374
www.Surpriseaz.gov/adaptive
For questions contact: Joe Gladieux 623.222.2257/ joe.gladieux@surpriseaz.gov

City of Surprise Adaptive Sports Program:

Athlete Information

Full Name _____Age_____ Date of Birth_____

Address_____ City, State, Zip _____

Home Phone ( ) _____Cell/Work ( )_____

Email _____

Primary Disability _____Secondary Disability_____

Wheelchair user **YES NO**

Medications_____

Gender: (circle) MALE FEMALE

T-Shirt Size: **YOUTH** M L **ADULT** S M L XL XXL

Currently active in sports? **YES NO**

Does participant have a history of seizures? (Circle) **YES NO**

Special Needs/Other _____

Parent/ Emergency Contact Information

Full Name_____ Relationship w/ Athlete _____

Address _____City, State, Zip _____

Phone _____ Work/Cell _____ Email _____

___Yes, I want to be considered as a coach
Name _____

___Yes, I want to be considered as A Buddy.
Name _____

Coaches: You must clear a background check before you are assigned a team. (Fill out Volunteer application and get fingerprinted with Community and Recreation Services Department.)

Guardian Program Responsibilities

The City of Surprise takes pride in establishing quality programs for our participants in a safe, learning environment. As the parent or guardian of the participant, we ask that you make sure the following commitments are kept. Together, we can work to give the participants the wonderful opportunity and benefits of recreation and sports.

Registration

Complete and return all registration and waiver forms necessary to the City of Surprise Community and Recreation Services Department by registration date. All athletes must have a completed waiver form on file with the City of Surprise Community and recreation Services Department before the start of the first practice.

Physicals

All Participants are required to have a current physical on file with the City of Surprise's Adaptive Recreation Program prior to the first day of practice. Physicals are valid for one full year. Please keep a copy for your own records.

Transportation

Parent or guardian is responsible for transporting athletes to and from events. If an athlete is under the age of 21 a parent or guardian must remain on the premises at all times.

Behavior

If a participant begins to have behavioral issues to the point at which teammates and the overall program is affected, the City of Surprise will reserve the right to suspend or remove the athlete from the program. It is important that you inform both the City of Surprise and the coach of any specific behaviors the participant might have. Please also share strategies or techniques at which the coach can use to better accommodate the participant. The programs we offer do not provide a one-on-one instruction ratio. If the participant needs additional assistance, it is the parent/guardian's responsibility to provide that help. (Buddies provided)

Name of Athlete **Date**

Parent/Guardian Name **Signature of Guardian**

Please contact the City of Surprise with any questions:

Joe Gladieux
Recreation Supervisor
623.222.2257
joe.gladieux@surpriseaz.gov

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Surprise, AZ 85374