

WELCOME TO NO MORE SIDELINES

www.nomoresidelines.org



Dear Participants and Parents or Guardians,

Welcome to No More Sidelines, a non-profit corporation (NMS). We are a year round recreational league for children and young adults with special needs. We participate in social and community activities. The focus of this program is to develop individual skills, demonstrate good sportsmanship, make new friends and have fun!

We will participate in various sports events throughout the year such as basketball, track and field, bocce ball, softball, soccer and bowling. We will also have monthly community activities such as pool parties, camping, dances, horseback riding, going to the circus, roller skating and more.

NMS provides uniforms for competition. We understand transportation to and/or from practice may be difficult. Please contact a NMS coach if you are having troubles with transportation.

Parents and/or Guardians: The four main things that you should provide for your child to participate are (please use ink when filling out all forms listed):

1. A completed and signed Application for Participation- Medical Background Information if we do not have a current one on file (dated within the last 3 years). We will hold a clinic at a scheduled practice (date to be determined). A local physician assistant and area nurses have volunteered to examine your child and complete the medical certification, without charge. The medical certification may also be filled out by your physician if you prefer. This form needs to be completed by the participant's second practice to allow your child to participate with our program.
2. A completed and signed Parent / Guardian Release – Transportation and Publicity (for all participants that have not participated with No More Sidelines previously).
3. A completed and signed Participant Agreement, Release and Assumption of Risk.
4. Participants should wear comfortable clothes to practice: tennis shoes, T-shirts, shorts, and/or sweats (a T-shirt should be worn underneath so they can remove the sweatshirt if they get too warm). Participants should also bring a water bottle or other beverage to practice.

Any person desiring to volunteer to work with the kids at any time must fill out a Volunteer Registration form and return it to us. Volunteers who have completed these forms during previous seasons do not need to submit them again.

We are looking forward to getting to know all of you. If you have any questions, concerns or ideas, please do not hesitate to call us or talk to us at practice. We have a voicemail (231-724-7142). Calling it will give you current information on practices, activities, or you may leave a message for the coaches. Also, please visit our website www.nomoresidelines.org for additional information.

We want everyone to have fun and learn some new skills.

Sincerely,

Officers, Directors and Volunteers of No More Sidelines

NO MORE SIDELINES

Application for Participation - Medical Background Information

Section A - Applicant's Personal Information

First name and middle initial Last Name Social Security Number Date of Birth (mm/dd/yyyy)

Street Address City State Zip code

Home phone: (_____) _____ Cell/alternative phone (_____) _____ Gender: Male / Female

PLEASE CHECK ALL DIAGNOSIS THAT APPLIES TO PARTICIPANT:

- | | | |
|--|--|--|
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Bi-polar |
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Wheelchair Bound | <input type="checkbox"/> Emotional/Behavioral issues |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Motor Impairment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Cognitive Impairment | _____ |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Fetal Alcohol Syndrome | _____ |

Parent/Guardian First Name Last Name Full address (city/state/zip)

Parent/Guardian phone: Day (_____) _____ Evening (_____) _____ Cell (_____) _____

Email address: _____

Insurance Company Policy number

Emergency Contact Street Address (city/state/zip) (_____) _____
Emergency phone number

Section B - Applicant Health Data

Please check all of the following health questions that apply and can be answered yes and provide the requested information (leave blank if answer is no or does not apply). Do you have or have you any of the following health conditions:

- | | |
|---|--|
| ____ Asthma or exercise induced wheezing | ____ Diabetes, Indicate type I ____ or II ____ |
| ____ Concussions/serious head injury, Date _____ | ____ If Down syndrome, have x-rays been taken for atlantoaxial instability? Date of xray _____ |
| ____ Bed wetter | ____ If Down Syndrome, was AL present ? _____ |
| ____ Shunt | ____ Motor Impairment/requiring special equipment |
| ____ Immunizations are up to date | ____ Tendency to bleed |
| ____ Chest pain/Fainting spell/Heat stroke/Exhaustion | ____ Deformities (for example, curvature of back, single kidney, one testicle, etc.) |
| ____ Heart disease/Heart defect/High blood pressure | ____ Special diet |
| ____ Blood-borne contagious infection carrier (for example, HIV, Hepatitis B) | ____ Emotional/Psychiatric/Behavior troubles |
| ____ Bone or joint disorder | ____ Urination/bowel problem |
| ____ Visual impairment or correction (for example, blind or wears glasses/contacts) | ____ Hearing impairment or correction |
| ____ Major surgery or serious illness | ____ Dental concerns (for example, dentures, braces, chipped teeth, etc.) |
| ____ Other or new problems that would interfere with or modify or limit sports participation (for example, wheelchair, other assistive devices) | |
| ____ Allergies, If so: ____ Medicines ____ Foods ____ Insect bites/stings ____ Other; If yes to any, list each known specific allergy: | |

Section C - Medications

List Medications taken by the applicant. If more than three (3) medications, attach a separate sheet listing all medications.

Medication Name	Dosage	Time(s) Administered	Date Prescribed
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Section D - Parent or Guardian Release

By completing and submitting this form, I hereby request permission for the above named applicant to participate in activities of No More Sidelines, a non-profit corporation. I represent and warrant that I am familiar with such activities and that the applicant is physically and mentally able to participate in NMS activities and I submit a subscribed medical certificate for that purpose.

I authorize NMS to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for the health and well-being of the applicant in the event that she or he becomes ill or injured at any NMS activity and when no responsible adult, authorized to act on the applicant's behalf is immediately available to be consulted regarding the appropriate and necessary medical care for the applicant.

By signing below, I acknowledge that I have read, fully understand and agree to be bound by the provisions of this release.

Signature of Parent or Guardian Date

Section E - Medical Certification to be completed by physician or other medical professional (examiner):

Skin_____ Head_____ Eyes_____ Ears_____ Nose_____ Mouth/Throat_____

Neck_____ Lungs_____ Heart_____ Abdomen_____ Extremities_____ Genital_____

Height_____ Weight_____ Blood pressure_____

List health concerns that No More Sidelines should be aware of for this participant (attach additional sheet if required):

I have examined the individual named in this application and reviewed the health data in Section B and certify that there is no medical evidence available to me which would preclude this athlete from participation in No More Sidelines activities.

Signature of Examiner Date

Print Examiner's Name Examiner's Title (MD, DO, CNP, PA)

Examiner's Full Address (_____) _____
Examiner's Office Telephone Number



**NO MORE SIDELINES
PARENT/GUARDIAN RELEASE FORM**

Transportation and Publicity

I give permission to No More Sidelines or other representative of No More Sidelines, a non-profit corporation, to transport my child to and or from practices, games, competitions, recreational activities or other No More Sidelines activities.

I understand that representatives of No More Sidelines will be driving their personal vehicles for the purpose of transporting my child. I agree not to hold them responsible for accidental or other injury to my child arising from the use of their vehicle for this purpose.

I give No More Sidelines permission to use the likeness, voice and words of my child for media purposes including television, radio, newspaper, magazine or other media to communicate the mission and activities of No More Sidelines to the public.

Child's name: _____

Home telephone number: (_____)_____ Other: (_____)_____

Email (to inform you of schedules/events):_____

Child lives with: _____ Relationship: _____

Name of emergency contact(s):_____

Emergency contact phone number(s): (_____)_____

PARENT OR GUARDIAN SIGNATURE: _____

Please print name: _____

Date: _____

NO MORE SIDELINES

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

NO MORE SIDELINES, a Michigan non-profit corporation, exists to permit children and young adults with special needs participation in recreational and physical activities with persons having similar special needs in order to gain physical and emotional satisfaction.

I desire to participate in activities arranged and sponsored by No More Sidelines.

In consideration of No More Sidelines permitting me to participate in its activities, I agree and acknowledge as follows:

1. I release, discharge and indemnify No More Sidelines, its officers, directors, employees, volunteers, participants and any and all persons or entities acting on its behalf (collectively "NMS"), from any and all claims of any kind arising from my participation in its activities. This release and indemnification is made on behalf of myself, my parents, my heirs, assigns, personal representative and estate.
2. I know that participation in NMS activities, because of their nature as physical activities, entail known, unknown, anticipated and unanticipated risks which could result in injury to me. Such unavoidable risks include but are not limited to: collision with other participants, NMS volunteers, or walls or other fixed objects or objects on or off playing surfaces. They include the possibility of falling down, equipment failure or the failure of other's equipment in addition to the negligence of myself or others. They also include injuries arising during transport to or from NMS activities.
3. I know that injuries resulting from my participation in NMS activities may include physical or emotional injury (including paralysis or death), damage to property or injury to third parties including other participants or NMS. Despite the best efforts of NMS and others, I may suffer broken bones, sprains, head, neck and back injuries and bruises. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the NMS activity and the purpose of this agreement.
4. I know that NMS has a difficult job to perform in arranging and conducting its activities for my benefit. Despite its best efforts, the safety of myself and other participants cannot be guaranteed. My participation in NMS activities is purely voluntary on my part, and I freely choose to participate despite the risks.
5. I assume and will bear the costs of all risks that may exist or be created, directly or indirectly, by my participation in NMS activities. I expressly agree and promise to accept and assume all of the risks arising from my participation in NMS activities..
6. I voluntarily release, forever discharge and agree to indemnify and hold NMS harmless from any and all claims, demands or causes of action which are in any way connected with my participation in NMS activities or my use of NMS's equipment or facilities, including such claims which allege negligent acts or omissions of NMS whether described in this agreement or not.
7. I promise that I have adequate insurance to cover any injury or damage I may cause or suffer as a result of participating in NMS activities, or in place of insurance I agree to bear all costs of such injury or damage.
8. I promise that I have fully disclosed any and all medical or physical conditions which may or will interfere with my safe participation in NMS activities. I agree that NMS may, in the exercise of its sole discretion determine my fitness to participant in any specific activity for reasons disclosed by me or otherwise existing in its sole opinion.
9. Should a cause of action or claim arise from my participation in NMS activities, I agree that the action shall be subject to binding arbitration following the rules of the American Arbitration Association applying the law of the state of Michigan.
10. If any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.
11. By voluntarily signing this agreement, I (including my parent or guardian) understand that I have freely agreed to be bound by its terms and have waived my right to maintain any cause of action against NMS on the basis of any claim for which I have released it.

OVER

I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS AGREEMENT AND
VOLUNTARILY AGREE TO ITS PROVISIONS.
(Parent or Guardian to complete consent below)

Signature of participant _____

Print name _____

Street address _____ City _____ State _____

Phone with area code (_____) _____

Date _____

PARENT'S OR GUARDIAN'S CONSENT (REQUIRED FOR PARTICIPANTS UNDER AGE 18)

I am the parent or legal guardian of _____, the participant identified above. I have read and, in my capacity as parent or legal guardian of the participant, agree to its terms and conditions.

Signature of parent or guardian _____

Print name _____

Street address _____ City _____ State _____

Phone with area code (_____) _____

Date _____

If injured, to which hospital would you like to be transported? _____

If you desire to tell us, what is your religious affiliation (confidential - for use in emergency only)?

_____ Local Church contact (if any): _____

NO MORE SIDELINES

Athlete Code of Conduct

Mission Statement of No More Sidelines:

Our goal is to level the playing field in the daily lives of children and young adults with special needs. We want them to be accepted members of our community. We want it to be the norm, not the exception, that they are included in all aspects of our daily lives. We do this through sporting and social activities. We give them a safe and nurturing environment to develop friendships with their peers.

- I understand that my participation in No More Sidelines is a call to excellence for me to behave in ways that bring honor to me, to my family and to No More Sidelines.
- I pledge that I will practice good sportsmanship.
- I will not use bad language, such as swearing or insulting other persons, and will not fight with other athletes, coaches or volunteers.
- I will do my best when practicing or competing.
- I will learn and follow the rules of each sport I participate in, and I will ask questions when I do not understand.
- I will not make unwanted physical, verbal, or sexual advances on others.
- I will be respectful of others.
- I will not drink alcohol, smoke tobacco, or use illegal drugs when participating in any No More Sideline's activity.

By signing below, I am saying that I have read, or have had read to me, this Athlete Code of Conduct and that I agree to obey this Code of Conduct.

Athlete Signature: _____ Date: _____

Parent/Guardian/Witness _____

Relationship to Athlete _____