

**Michigan
Adaptive
Sports**



If I Can Do This, I Can Do Anything.

...a chapter of Disabled Sports USA

PO Box 569, Keego Harbor, MI 48320

(248) 988-0156

www.michiganadpativesports.org

Summer 2010

Dear Volunteer,

Thank you for your interest in Sports-tacular X, our adaptive sports weekend program at Camp Dearborn in Milford. Enclosed please find a registration form and a waiver form. Complete the registration form and sign the waiver, then return them to the address below 10 days before the event is to take place.

**Kevin Mitchell
5866 Carmen Ct. E.
Orchard Lake, MI 48324**

If you have not volunteered yet this season at our Pontiac Lake events, you will also find included a copy of our "Volunteer Guidelines and Policies" for you to review.

Please note that your completed registration tells us your intent to be at the event at the date(s)/time(s) you indicate, and we will be counting on you to be there. If, for some reason you are unable to meet this commitment, please notify Kevin Mitchell at 248-891-9854. If there is a last minute change in your plans the day we are expecting you, please notify Kevin at the above number, or Carol Mitchell at 248-891-9847.

Due to serious risks involved with outdoor recreation, it is necessary that a volunteer coming with minor participant(s), as a legal guardian of participant(s), or as a staff person from a facility be responsible for his/her respective participant(s). MAS cannot be responsible for participants' safety while they are waiting for their event to begin or while just observing activities. For those coming in groups, we also expect that there will be a proper amount of staff persons in attendance to ensure the safety of the people they are bringing.

Camp Dearborn is located at 1700 General Motors Road in Milford, 48380. If you need directions, please call.

We are looking forward to seeing you soon!

Michigan Adaptive Sports Summer Program Coordinators

Sports-tacular X

September 9, 10, 11 & 12 2010
Camp Dearborn, Milford

VOLUNTEER REGISTRATION FORM (PLEASE PRINT CLEARLY)

Name _____ Sex _____ Age _____
DOB _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Eve) _____

Email Address _____

Emergency Contact: Name _____ Phone _____

Health Insurance Company _____

Doctor's Name _____ Phone _____

Disability (if applicable) _____

SPORTS-TACULAR X SCHEDULE OF EVENTS

Thursday, September 9	Camping Check-In	All Day
Friday, September 10	Registration	8AM-8:30AM
	Warm-up/Orientation	8:30AM-9AM
	Sports Clinics	9AM-12PM
	Lunch	12PM-1PM
	Sports Clinics	1PM-4PM
Saturday, September 11	Dinner	6PM
	Registration	8-8:30 AM
	Warm-up/Orientation	8:30-9 AM
	Sports Clinics	9AM-12PM
	Lunch	12PM-1PM
Sunday, September 12	Sports Clinics	1PM-4PM
	Dinner/DJ Dance	6PM-10PM
	Breakfast	8AM-8:30AM
	Warm-up/Orientation	8:30AM-9AM
	Sports Clinics	9AM-12PM
	Lunch	12PM-1PM
	Closing	1PM

Sports-tacular X Volunteer Registration (contd) Name _____

CAMPING: For volunteers coming consecutive days, we have secured tents/cabins. Each tent has a cement foundation and is equipped with six cots, a refrigerator/stove unit, electrical outlets, grills and patio/picnic table area. There is no charge to volunteers for camping.

PLEASE CIRCLE THE DATES/ TIMES YOU PLAN TO ATTEND:

FRIDAY, SEPTEMBER 10th : **8AM-4PM** **8-12 AM** **12-4 PM**
I ALSO PLAN TO BE AT EVENING DINNER _____ **Yes** _____ **No**

SATURDAY, SEPTEMBER 11th: **8AM-4PM** **8-12 AM** **12-4 PM**
I ALSO PLAN TO BE AT EVENING DINNER _____ **Yes** _____ **No**

SUNDAY, SEPTEMBER 12th : **8-12 AM**

DO YOU WISH TO VOLUNTEER:

_____ **WITH SPORTS LESSONS**

If you choose this, do you have a preference for:

Kayaking _____
Handcycling _____ (Bring a bicycle)
Fishing _____
Golf _____
Tennis _____
Quad-Rugby _____
Sailing _____

Indicate preferences with 1, 2...through 7.

_____ **AS A GENERAL HELPER** food, transporting people & equipment, etc.

_____ **WITH REGISTRATION**

KNOWLEDGE/EXPERIENCE REGARDING DISABILITIES/PERSONS WITH DISABILITIES:

Job experience _____

Other experience _____

CPR CERTIFIED? _____ ; if yes, expiration date _____ (send copy of card)

FIRST AID TRAINING? _____ ; type (Basic, Advanced, Water rescue) _____

SWIMMING LEVEL? _____

EXPERIENCE WITH ANY OF THE ABOVE SPORTS (WATER SKIING, KAYAKING, HANDCYCLING, TENNIS, GOLF, FISHING)? _____

Please indicate if you plan to camp by circling the night(s):

Thursday, September 9th

Friday, September 10th

Saturday, September 11th

