



Community Services Department
Adaptive Recreation Program

Special Olympics

~Team Peoria~
2009 Spring Sports



Special Olympics
Arizona
Team Peoria

Choose up to two of the following:

Basketball

#51100

Ages 8 and Older (New Athletes must attend parent meeting.)
Tuesdays and Thursdays 6:00-8:00 p.m.; Starting January 13th, 2009
Ages 22 & Up: Sky View Elementary - 8624 W Sweetwater Ave.
Ages 8-21: years: Ira Murphy Elementary 7231 W. North Lane



Flag Football

#51122

Ages 14 and Older
Mondays & Wednesdays 6:00-7:15 p.m.
Starting January 21st, 2009
Rio Vista Community Park
8866 W. Thunderbird



Track & Field

#51103

Ages 8 and Older
Mondays 6:00-7:00 p.m. &
Saturdays 9:00-10:00 a.m.
Starting Saturday, January 31st, 2009
Peoria High School
11200 N. 83rd Ave



For more information please call 623-773-7436.

Registration Form (Please select up to two sports)

Basketball #51100 **Flag Football #51122** **Track & Field #51103**

Name _____ Phone _____ Date of Birth _____
Address _____ City _____ Zip _____
Emergency contact _____ Relationship _____
Day phone _____ Evening phone _____
Email Address _____
Disability _____ Seizures yes _____ no _____
Medications _____

Shirt: Adult Small Adult Medium Adult Large Xlarge XXLarge XXXLarge
Shorts: Adult Small Adult Medium Adult Large Xlarge XXLarge XXXLarge

Waiver of Liability

I/we hereby release and forever discharge the City of Peoria, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms, or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Peoria recreation program. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the City of Peoria or its officers, employees, or agents.

Please Print Name: _____ Signature: _____ Date: _____