

# Sports Camp 2019

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Michigan Blind Athletic Association's Sports Education Camp for Students with Visual Impairments

Dear Parent or Guardian:

We are contacting you regarding registration for the 2019 Michigan Sports Education Camp for Youths with Visual Impairments sponsored by the Michigan Blind Athletic Association and Western Michigan University (WMU). We receive recommendations from parents, teachers, and other professionals for students to attend Sports Camp, and your child was selected!

We have been providing sports training and instruction to some of the world's most elite athletes for over 30 years, including many paralympians. We train at WMU's state-of-the-art facilities and our staff includes paralympians, professionals in the fields of athletics and blind rehabilitation, motivated college students and professors, and former Sports Camp athletes.

Sports Camp is designed to meet the athlete at his or her level, whether learning to throw a ball for the first time or training for national competition. We provide small group and one-on-one instruction in a friendly, positive environment. Your athlete will have the opportunity to play sports and build lifelong relationships with other athletes who are blind or visually impaired.

There are two Sports Camp sessions broken down by age: Junior Camp (9-12 years old) and Senior Camp (13-18 years old). At Junior Camp, we examine basic movements, such as throwing and jumping. At Senior Camp, we work on sports specific training, such as track & field, swimming, goalball, cycling, wrestling, hockey, soccer, judo, and more.

We are proud of our long history of taking young athletes from the sidelines to the goal lines—and having quite a bit of fun along the way! If you have any questions, please contact us at [michigansec@gmail.com](mailto:michigansec@gmail.com) or 231-715-1732.

Thank you,

The Sports Camp Team!

# Registration Instructions

**Junior Camp:** Sunday, May 5 to Tuesday, May 7, 2019

**Senior Camp:** Wednesday, May 8 to Saturday, May 11, 2019

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**Registration Cost:** \$50 payable to MBAA – Please contact us if you need assistance paying this fee. (Note: if your athlete is legally blind and over 14 years old, he or she may be eligible for BSBP Pre-ETS funding. Please contact us for more information.)

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**Registration Deadline:** April 15 (Late registrations may jeopardize choice of activities, T-shirt availability, or attendance.)

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**How to register:** If before April 25, please mail the following forms to the address below. Otherwise, use [www.mbaa-mi.com](http://www.mbaa-mi.com) to upload the forms and bring the check to Athlete Dropoff.

Sports Education Camp  
c/o Prof. Dawn Anderson, Ph.D.  
3320 Lakeshore Dr.  
Holland, MI 49424

1. Registration – **ALL 5 PAGES** – Including Code of Conduct & Consent to Participate
  2. Copy of Insurance Card – **FRONT & BACK**
  3. Registration Fee – **CHECK FOR \$50** to MBAA
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**Contact us:** michigansec@gmail.com or 231-715-1732

# Registration – Sports Camp 2019

Michigan Blind Athletic Association's Sports Education Camp for Students with Visual Impairments

If you have questions, contact us at michigansec@gmail.com or 231-715-1732.  
Use the back side of this form if you need more room to answer the questions.

## Basic Information

Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ T-shirt Size (adult sizing):  S   M   L   XL   XXL

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Did the Athlete attend SENIOR Camp last year?  YES   NO

If **yes**, choose a clinic for Wednesday evening:  WRESTLING   5-A-SIDE SOCCER

Which Camp is the Athlete registering for?

\_\_\_\_ Junior (ages 9-12 at time of camp)

\_\_\_\_ Senior (ages 13-18 at time of camp)

Is the Athlete a member of the USABA (US Association of Blind Athletes)?  YES   NO

Why do you want to attend Sports Camp? (Please have the Athlete answer.)

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What sports has the Athlete played in the past year?

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Parent or Guardian Name: \_\_\_\_\_

Who does the Athlete live with? \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**V i s u a l I m p a i r m e n t**

Athlete's visual acuity (approximate): \_\_\_\_\_

Age when visual impairment was first identified: \_\_\_\_\_

Diagnosis or cause of visual impairment: \_\_\_\_\_

VI Teacher's name: \_\_\_\_\_

Phone number & email (if known): \_\_\_\_\_

School or district: \_\_\_\_\_

**P i c k - u p C o n t a c t**

Who will pick the Athlete up\*? \_\_\_\_\_

Relationship to Athlete? \_\_\_\_\_ Mobile number: \_\_\_\_\_

\* If this information changes, please notify us prior to pick-up.

**M e d i c a l I n f o r m a t i o n**

Emergency contact during the DAY: \_\_\_\_\_

Relationship to Athlete? \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Emergency contact during the NIGHT: \_\_\_\_\_

Relationship to Athlete? \_\_\_\_\_ Mobile Number: \_\_\_\_\_

What is the Athlete's Insurance Company? \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

**\*\*\*Please provide a copy of the front AND back of the insurance card\*\*\***

List all medications your child is taking with specific administration and dosage instructions. Must any of these medications be refrigerated? YES NO

\_\_\_\_\_

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Does the Athlete need to be reminded to take medication? YES NO

**Other Impairments**

Please list ALL medical conditions and impairments, such as heart defects, shunts, asthma, cognitive disabilities, deaf-blindness, etc.:

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Does the Athlete have any allergies to food or medications?

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Will the Athlete need specific assistance due to other impairments? (please explain)

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Does the Athlete have any medical limitations that will prevent him or her from fully participating in all sporting activities at camp? (please explain) \*

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\* Be prepared to obtain medical clearance from a doctor for your Athlete to participate.

**CONSENT FOR TREATMENT**

By signing below, ***I consent that my child may be taken to an appropriate medical center in the event of an injury or illness.*** \*

Who is completing this Registration? \_\_\_\_\_

Relationship to Athlete? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* If you are not the parent/guardian of the Athlete, please have the parent/guardian sign and submit the "Consent for Treatment," "Code of Conduct" & "Consent to Participate" prior to Camp.

## CODE OF CONDUCT

Athlete's Name: \_\_\_\_\_

### **Athlete Code of Conduct:**

The members and volunteers of Western Michigan University and the Michigan Blind Athletic Association are happy that you are coming to Sports Camp. We look forward to Sports Camp as much as you do. We hold the camp because we know that some of you have not had a chance to participate in sports in your school. You will, however, have a lot of chances here.

We feel that Sports Camp is a tremendous opportunity for those who attend. Many people have devoted a great deal of time and resources to make Sports Camp a great experience for you. Therefore, you have a responsibility to try as hard as you can while you are here. We understand that you may enjoy some activities more than others, but we expect you to give your best effort in all activities. We assume that anyone who is at Sports Camp wants to be a better athlete. Athletes will be sent home if they are not respectful to others—this includes bullying of other athletes. So that you know what is expected of you, you must agree to the following statements.

### **AS A SPORTS CAMP ATHLETE, I AGREE TO:**

1. Conduct myself as an athlete during the camp. That means, I will try my best to do as well as I can in each activity. That means, I will take part in the activity during the whole time it is scheduled and pay attention to the instructors.
2. Treat the other athletes fairly and with respect.
3. Abide by the following camp rules:
  - a. I will stay with my group unless I get permission to leave.
  - b. I will stay in the dorm or sports activity unless I get permission to leave.
  - c. I will not use bad language at any time during the camp.
  - d. I will stay in my room after lights out is announced.
  - e. I will be a good sport whether I win or lose.
  - f. I will be fair and helpful to others and will not hit, grab, or bully anyone.
  - g. I will be respectful to other athletes, camp volunteers, and the camp staff.
  - h. I will report other's bad behavior if it harms or embarrasses others or me.
  - i. Finally, I know I can be sent home from camp for breaking any of the rules listed above at my parent's expense.

Athlete's signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

CONSENT TO PARTICIPATE

WESTERN MICHIGAN UNIVERSITY  
SPORTS EDUCATION CAMP FOR STUDENTS WITH VISUAL IMPAIRMENTS  
Agreement, Assumption of Risk, Release, Waiver and Consent

PLEASE READ THIS CAREFULLY

The UNDERSIGNED does hereby acknowledge that my child's participation in the Sports Education Camp for Youths with Visual Impairments (hereafter "Camp"), to be held at Western Michigan University in Kalamazoo, Michigan could expose my child to above-normal risks. I understand that the Camp involves participation in sports, such as goalball, track and field, swimming, wrestling, bicycling, judo, and weightlifting, which may result in significant physical exertion, and that my child may be subjected to physical injuries, some of which may be severe. I also certify that my child is physically able to participate in these sports.

In consideration of being permitted to attend, participate and obtain an education from the Camp, I/my child agree to: (1) assume all risks of accident and/or injury inherent in my child's travel, activity, participation, and connected activities and other consequences or events which arise in conjunction with the Camp (2) that I/my child knowingly and intentionally waive(s) any and all claims, of whatsoever kind or nature, against Western Michigan University and Michigan Blind Athletic Association, United States Association of Blind Athletes (USABA), their Boards, presidents, officers, employees, agents and representatives (collectively Camp Sponsors) and release and shall indemnify Camp Sponsors from any and all claims which may arise out of my child's participation in the Camp and related activities and (3) that I assume sole responsibility for my child's safety and conduct and that the Camp Sponsors will not be liable if my child suffers personal injury, death and/or other damages or losses. I also consent that registration information, sound recording, still photography, film or video images of my child taken under the direction of Western Michigan University, Michigan Blind Athletic Association, United States Association of Blind Athletes, or any private or public reproduction of the same, may be used by the above mentioned sponsors or their assignees, in whole or in part, for the purpose of education, information, training, illustration, or screening in any lawful non-profit manner.

**Child's Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Legal Guardian's Name:** \_\_\_\_\_

**Signature of Parent/Legal Guardian:** \_\_\_\_\_