

# What is REACH Basketball?

*"At REACH Basketball, success is not measured by the number of baskets made or by a scoreboard tally. Success is, instead, measured by participation, by effort...and by smiles."*

For six Saturdays each winter, the sounds of laughter, shouts of praise and waves of applause can be heard both on and off the court in support of a group of young athletes, ages 6 to 22,



who are having fun doing something they rarely get the chance to do: have fun playing basketball with their peers.



REACH Basketball is, indeed, about giving children with disabilities the opportunity to play the game of basketball. At its core, however, the program offers so much more! Through weekly one-on-one connections with their volunteer partners, REACH participants get a chance to:

- Develop gross motor skills
- Enhance cognitive abilities
- Practice socializing with peers and adults in a nurturing and supportive environment.

*"By the end of the six week program, it is difficult to tell which group has had more fun ~ the volunteers or the young players, themselves."*



**Join us!** REACH Basketball's 2020 season begins Saturday, January 25. Registration is open to children and young adults, ages 6 - 22. **Space is limited.** Register early to reserve your spot.

**For more information, visit [specialkidsconnect.org](http://specialkidsconnect.org) or call (831) 372-2730.**



Special Kids Connect  
1900 Garden Road Suite 230  
Monterey, CA 93940



## Winter 2020

### Ages 6 -22



A basketball program designed to accommodate children & young adults with a wide range of abilities.

*No basketball experience required.*

### Six Saturdays

### Jan. 25, Feb. 1, 8, 22, 29, Mar. 7

*(No session on Feb. 15)*

### 10:00 am - 11:00 am

### Boys & Girls Club Seaside

1332 La Salle Ave. , Seaside, CA 93955



# 2020 REACH Basketball Registration

6 Saturdays: 1/25, 2/1, 2/8, 2/22, 2/29, 3/7 (Note: No session on 2/15)

10:00 am - 11:00 am · Ages 6 and up · Enrollment fee: \$75.00

**Information:** Please print!

Parent / Guardian Name(s) \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Email #1 \_\_\_\_\_ Parent / Guardian Phone #1 \_\_\_\_\_

Parent/Guardian Email #2 \_\_\_\_\_ Parent / Guardian Phone #1 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Medical Information: Please note essential medical information regarding the participant, including allergies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**T-shirt Size (Circle one): Youth: S M L Adult: S M L XL 2XL 3XL**

Note: If registration is received after January 6, your requested shirt size may not be available.

**I understand that a parent/guardian must remain in the gymnasium for the duration of each session. Please initial:** \_\_\_\_\_

**Advance registration is required!**

Mail or drop off forms, with \$75 payment\*, to: **Special Kids Connect  
1900 Garden Road, Suite 230  
Monterey, CA 93940**

\*Make checks payable to *Special Kids Connect*. **There is a mandatory \$35 returned check fee for any check that is returned to Special Kids Connect for insufficient funds.** If registration is received after January 6, your requested shirt size may not be available. Space is limited. Registration closes as program fills. If registration is received after the program fills, your payment will be refunded in full. Your payment reserves your spot. Sorry, no refunds for accepted applications. For more information, call (831) 372-2730.

## REACH BASKETBALL LIABILITY / WAIVER AND PERMISSION FORM

I understand that my child must be healthy and reasonably fit in order to participate safely in program activities, and I will inform program staff of any ailment, condition, or injury that may affect his/her ability to participate safely. I do hereby certify that to the best of my knowledge and belief that my child is in good health.

I give permission for my child to participate in the REACH program named above. I understand that activities may involve certain risks of physical activity and possible injury and that staff and volunteers will provide each participant with reasonable care, but that Special Kids Connect and/or its community partnering organization cannot guarantee that my child will remain free of injury. I nevertheless wish to have my child participate and I ASSUME the RISK of his/her participation. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS Special Kids Connect, its community partnering organizations(s) and their respective staffs, volunteers, and boards, from any and all claim and/or cause of action arising out of and related to my child's participation in this program/event.

If an injury or other medical condition occurs or arises during my child's participation in this program/event, I hereby give permission to program staff or volunteers to provide first aid. In the event that I cannot be reached in such an emergency, I hereby give permission for the staff to seek emergency treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medial, surgical or dental diagnosis or treatment are considered necessary in the best judgment of the attending emergency medical personnel, physician, surgeon or dentist.

If such medical treatment is necessary, I agree to assume full responsibility for such actions, including payment of costs.

I certify that I have legal custody of and responsibility for the above named child. If I have joint custody of this child, I further certify that I have notified the other parent or responsible party of his/her participation in this program.

**I acknowledge that I have carefully read this document and understand the information in it. I agree to each of the terms and acknowledgements above.**

\_\_\_\_\_  
**Parent Signature** **Date**

\_\_\_\_\_  
**Printed Name**  
**PUBLICITY/IMAGE/VOICE PERMISSION**

REACH programs may be photographed, videotaped and/ or audiotaped for program promotional, fundraising and/or educational purposes. Your signature signifies your agreement to the use of these pictures, audio and/or videotapes for promotional, fundraising and/or educational purposes without compensation.

I agree to the above conditions and give permission for my child to be photographed, videotaped and/or audiotaped as part of the REACH program.

\_\_\_\_\_  
**Parent Signature** **Date**