



YOUNG ATHLETES PROGRAM

School/Classroom Registration Form



Please complete the registration form and send it to Special Olympics New Jersey (SONJ) along with a volunteer registration form TO RECEIVE THE **FREE** Young Athlete Activity Kit for schools/classrooms. (Please allow 6-8 weeks for arrival.)
By completing this registration form you agree to provide to provide a contact person(s) and communication each fall and spring with changes, contact or other information needed in order to assure program quality.
If you have any questions, please call Special New Jersey at 609.896.8000.

YOUNG ATHLETE GROUP INFORMATION (INCLUDING ROSTER ON BACK OF PAGE)

School Name: Area:
(Program Name)

Teacher's Name:
(First Name) (Last Name)

E-mail Address:

Mailing Address:

City: State: Zip: County:

Phone: Cell: Alternate Contact:
(Day)

Volunteer Registration Form Class B form (on back of this form) and Protective Behaviors Quiz is completed YES NO

How did you hear about our Young Athlete Program? Friend/Family School Event
 Early Intervention Services DDD Other: _____

Are you a school based program offering YAP during school? YES NO During non-school hours? YES NO

Will you offer YAP to integrated classrooms? YES NO

Would you like to be added to our E-mail distribution list? YES NO

Do you agree to notify SONJ of any changes in contact information? YES NO

Young Athlete Activity Kit Agreement

The activity kits come to you free of charge (Retail value: \$150 - \$500). The activity kits are provided to you through the financial assistance of our sponsors. YAP programs must be offered free of charge to your participants.

Group Leader(s) must complete and return a SONJ Volunteer Application and Roster with this Group Registration Form.

Special Olympics New Jersey (SONJ) is asking for the contact of each group program kit recipient to fill out a 5-10 minute questionnaire a minimum of twice per year. The questionnaire will be distributed to you via email. The purpose of the survey is to gather information to better serve the needs of Young Athletes, to improve upon existing, and develop new programs. We ask that if this commitment is not met within a specified date set forth by Special Olympics New Jersey that you return the activity kit back to us in order for other groups to have the opportunity to participate.

As a Young Athlete Program (YAP), SONJ requires that you invite all of your participants with intellectual disabilities ages 2.5 - 7 to sign up to receive the free in-home kit, and to our four statewide events. Participants with in-home kits can collaborate with your group program to provide consistency and continuity in developing gross motor skills and sports readiness.

Thank you for your time and understanding.
Special Olympics New Jersey

 (Group Contact's Signature) *By signing, you have read and agreed to the information on this application* (Date)

Young Athlete Program (YAP) Information

YAP INDIVIDUAL PARTICIPATION WITH FAMILY & FRIENDS
 The Young Athletes Program (YAP) was created when Special Olympics New Jersey (SONJ) identified the need for activities for the younger athletes who are not yet the age of 8, the entry age for Special Olympics. An equipment kit and activity guide was developed for parents to use at home or in the neighborhood to help them "play with a purpose" ... develop balance, coordination and readiness for sports skills. The program grew quickly and parents wanted to get together with other parents for YAP play. Schools, teachers, childcare providers, therapist, YMCA's and recreation departments were soon looking for an opportunity to offer YAP. Since the program and equipment in the kit was flexible in its range of use, we began to send the kits out to groups.

YAP GROUP PARTICIPATION IN THE CLASSROOM OR COMMUNITY
 Even though the program was designed for individual use and many were successful in adapting it to a group program, SONJ got requests for additional equipment and group oriented pieces for the kit. In 2008 the prototype for the YAP Group Kit which will included a new group oriented YAP activity guide was launched. The size and equipment sent to programs is based upon the size of the group and the continuum of SONJ programs offered (Get Into Our Game, training and competition). All of the equipment and guide are free of charge, and it is required that the YAP program must be offered free of charge.

YAP GROUP PARTICIPATION IN A UNIFIED SETTING
 Another growing aspect of the YAP program is YAP Project Unify, where children ages 2 1/2 - 7 with intellectual disabilities participate in YAP along side their typically developing peers. Unifying children at this early age offers many advantages from good role models for physical skill development to understanding and acceptance. Understanding and acceptance often comes natural to young children and we want for that to continue into community sports play and greater acceptance as children grow and enter schools and community programs together. Offering YAP Project Unify is a great benefit to your program and your community.

Please return completed form to: **Young Athletes Program**
Special Olympics New Jersey
3 Princess Road
Lawrenceville, NJ 08648

Questions: 1-609-896-8000
 Fax 609-896-8040

FOR OFFICE USE ONLY

SONJ ⇨ Flaghouse: ___ / ___ / ___
 Flaghouse ⇨ Shipped: ___ / ___ / ___



YOUNG ATHLETES PROGRAM

School/Classroom Roster & Volunteer Form



YOUNG ATHLETE SCHOOL OR CLASSROOM ROSTER

STUDENT NAME (REQUIRED - FIRST INITIAL & LAST NAME IS SUFFICIENT) NUMBER SPECIAL NEEDS STUDENTS: _____

1. _____	11. _____
2. _____	12. _____
3. _____	13. _____
4. _____	14. _____
5. _____	15. _____
6. _____	16. _____
7. _____	17. _____
8. _____	18. _____
9. _____	19. _____
10. _____	20. _____

Required Documentation: (If "NO" to either answer, please contact Special Olympics New Jersey at 609-896-8000 prior to submitting form)
___ YES ___ NO I have completed the Protective Behavior Quiz online at www.son.org (Find: coaches/training opportunities tabs) Date: _____
___ YES ___ NO I have had a criminal background check to work in my school district: Name of District _____



VOLUNTEER REGISTRATION FORM - Class B

ALL information is required. Please print.

3 Princess Road, Lawrenceville, NJ 08648
Phone: 609-896-8000 / Fax: 609-896-8040

PART I: General Information

_____ Last/Family Name _____ First/Given Name: _____

Address: _____

 _____ City _____ State _____ Postal Code: _____

E-mail: _____

Day Phone: _____ - _____ - _____ Ext. _____ Eve. Phone: _____ - _____ - _____

Employer/School/Organization: _____

Emergency Contact: _____ Last Name _____ First Name _____

Emergency Phone: _____ - _____ - _____

PART II: Background Information

Please answer all of the following questions:

	YES	NO
Do you use illegal drugs?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a criminal offense?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been criminally charged with neglect, abuse or assault?.....	<input type="checkbox"/>	<input type="checkbox"/>
Has your driver's license ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?.....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above, please explain (use additional sheets of paper if necessary) _____

PART III: Reference Information - Please provide two references. IF YOU ARE UNDER 18, please provide at least one school or institution reference.

1. Name: _____
 Complete Address: _____
 Home Phone #: _____ - _____ - _____ Work Phone Number: _____ - _____ - _____

2. Name: _____
 Complete Address: _____
 Home Phone #: _____ - _____ - _____ Work Phone Number: _____ - _____ - _____

By providing the above references, I am authorizing Special Olympics to contact them in reference to my volunteer application.

PART IV: Signatures

Before You Sign: 1) Read the Disclosure and Authorization to Obtain Information and the SONJ Volunteer Code of Conduct on the back of this form, and 2) Be certain that all requested information has been supplied. If any information is missing, this application will not be processed.

Volunteer's Signature _____ Signature of Parent or Guardian if Volunteer is a Minor _____ / _____ / _____
 Date: ___ / ___ / ___ _____ Date

Print Full Name of Parent or Guardian _____

SONJ Volunteer Code of Conduct

As a Special Olympics New Jersey volunteer, I agree that while serving at training sessions, meets or any Special Olympics event, I will:

- Provide for the general welfare, health and safety of any Special Olympics New Jersey athletes in my charge during the course of my assigned duties.
- Dress and act at all times in a manner which will be appropriate to my assigned responsibilities and a credit to myself, the athletes and Special Olympics New Jersey.
- Report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
- Refrain from the consumption of alcoholic beverages and non-prescribed controlled substances during the course of my assigned duties.
- Not engage in any type of inappropriate behavior, sexual activity, or physical abuse with either Special Olympics New Jersey athletes or other volunteers.
- Not engage in inappropriate contact or relationships with Special Olympics New Jersey athletes or other volunteers.